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ABSTRACT

Secondary level students learn about medical care in this learning activity package, which is one in a series. The developers believe that consumer education in the health field would ensure better patient care and help eliminate incompetent medical practices and practitioners. The learning package includes instructions for the teacher, suggestions for activities, lists of resource materials, film guides, student activity worksheets, a student resource booklet of readings, and answer keys. Content taught includes finding a doctor, evaluating the doctors' qualifications, hospitalization, surgery, preventive medicine, emergency aid, and quality of U.S. medical care. Students are involved in many activities. Some examples follow. Students investigate the quality of health care during different historical periods. They rank given criteria concerning choice of a personal doctor and discuss factors to consider when choosing a doctor. Students debate the topic "chiropractic treatment is based on sound medical findings and beliefs." Students poll individuals who have been hospitalized to ascertain how many were aware of the Patients' Bill of Rights developed by the American Hospital Association. Other activities involve students in discussing the various causes of disease, writing a commercial for a new over the counter drug they have just invented, and becoming acquainted with first aid and life-saving techniques. (Author/RM)

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HEALTH AND THE CONSUMER

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MEDICAL CARE :

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"Say Ahh!"

3

Skills for Consumers Applied Today

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Teacher PAL Tips

Welcome, teachers, to this $CAT Consumer Education Teacher PAL*. We hope you will find this a useful resource while you are teaching this subject. Features of this PAL include:

A CONTENT OUTLINE of the Student PAL subject matter to aid you in class discussions.

STUDENT OBJECTIVES which state in behavioral terms the objectives of the Student PAL.

SUGGESTED ACTIVITIES which you may wish to use as enrichment activities. These include:

INTRODUCTORY ACTIVITIES which give suggestions for introducing the topic.

DEVELOPMENTAL ACTIVITIES which give ideas for developing the major concepts in the Student PAL. These suggestions are keyed to each section of the Student PAL and include appropriate resources.

REVIEW ACTIVITIES which give suggestions to guide the culmination of the study.

RESOURCE suggestions which are of three types and coded as follows:

* Materials developed by $CAT and included in this Teacher PAL.

+ Commercially developed materials, available at a cost.

= Commercially developed materials, available free or on a free-loan basis.

ADDRESSES of the producers of all suggested resources as well as others which you may wish to contact for additional ideas and/or materials.

* Packaged Activities for Learning

A SPECIALIZED VOCABULARY which is an alphabetized listing of all the "Passwords" listed in the Student PAL.

FILM DESCRIPTIONS for each film suggested as a resource.

INSTRUCTIONAL AIDS which include Xerox masters for the Test, the Test Answer Sheet, Student Activity Sheets, Film Guides, and Transparencies which you may wish to use in your study.

ANSWER KEYS for the Test, $CAT-developed Activity Sheets, and all pages from the Student PAL requiring student responses.

A STUDENT PAL for your reference.

In addition, some pages in the Student PALs are designed specifically to encourage class discussions, and teacher-led discussions may be necessary to insure student comprehension of the concepts presented. Such pages in the Student PAL for this topic include:

Page 5:	Distinguish between "health" care and "medical" care
Page 6:	Reasons doctors may be held in high esteem by patients
Page 34:	Reaching conclusions from controversial evidence
Pages 52-53:	Reasons for high medical costs
Pages 61-64:	Factors to consider before consenting to elective surgery
Pages 76-79:	Importance of preventive medicine
Page 91-93:	Quality of American medical and health care

These features are suggestions only. You, the instructor, know your class best and should feel free to choose those activities and resources most appropriate for your students.

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- Test
- Test Answer Sheet
- Student Activity Sheets
- Film Guides
- Transparency Masters

ANSWER KEYS . . . . . Yellow

- Test
- Student Activity Sheets
- Student PAL

STUDENT PAL . . . . . Green

Medical Care

Experts in the health-care field believe that patients can do much more to protect themselves from incompetent or negligent medical care. The average consumer purchasing health care more often than not is poorly informed and easily intimidated -- too much so to ably select, judge, and demand the proper care he deserves. Consumer education in the health field would ensure better patient care and help eliminate incompetent medical practices and practitioners.

Dr. Arthur Levin, a New York pediatrician and author of the book *Talk Back to Your Doctor*, says, "The informed consumer can be the most powerful force for bettering the caliber of health care."

The truly informed health-care consumer knows when and how to choose his doctors, and what questions to ask after he has done so. He can identify a good hospital, make more rational judgments regarding surgery, and generally watch out for his own best interests as a patient.

Choosing a physician may be the closest thing to a life-and-death decision that most people ever make. Yet it seems that most consumers choose a new car more carefully than they choose a doctor.

Does a patient have to have the education of a doctor to evaluate his care? No more so than he has to be a mechanic to appreciate the difference between a Model T Ford and a new Mercedes-Benz.

Historically, there is probably truth to the notion that there is no other area so vital to life in which the consumer exercises so little control.

It is time to reverse historical trends!

Content Outline

I. Finding a doctor

A. Factors to consider
1. Referrals
   a. Present physician
   b. Medical school
   c. Hospitals
2. "Nitty-gritty" facts
3. Credentials
4. Group practices
5. Hospital staff privileges
6. Consumer group listings
7. Searching while healthy

B. Factors not to consider
1. Over-reliance on friends' advice
2. Looking for specialists first
3. Judging doctors on the basis of their or their patients' fame
4. Relying on the yellow pages
5. Changing doctors for petty reasons

C. Considerations to evaluate care
1. Time spent with you
2. Emphasis on preventive medicine
3. Explanation of treatment
4. Thoroughness of examination
5. Professional attitude
6. Compassionate manner

II. Evaluating doctors' qualifications

A. Considerations
1. Training
   a. Medical school
      (1) Poor guide to future performance
      (2) Class standing unimportant
   b. Internship
      (1) First year after medical school
      (2) Not a good guide to quality
   c. Residency
      (1) Specialty oriented
      (2) Lasts 2-5 years
      (3) Best training guide to future quality
      (4) Particularly notable if chief resident
2. Age
   a. Declining performance possible as age increases
   b. Younger doctors' knowledge more up-to-date
   c. Energy and stamina required
   d. Younger doctors lack valuable experience

3. Practice environment
   a. Group practice may provide better care
      (1) Wide range of medical services readily available
      (2) Easily secured consultations
   b. Patient/doctor "close relationship" lacking in group practice
4. Continuing education
   a. About 50% of present medical knowledge outdated in 6-7 years
   b. Various ways to keep "up-to-date"
      (1) Teaching and lecture appointments
      (2) Professional journal subscriptions
      (3) Conferences
      (4) Courses
5. Credentials
   a. Degree
   b. State license
   c. Hospital staff privileges
   d. Specialty
      (1) Most important credential
      (2) Board-certified
         (a) Completed training requirements
         (b) Passed specialty area exam
      (3) Board-eligible
         (a) Completed training requirements
         (b) Has not taken specialty area exam

         (c) Can be member/fellow of specialty college
   e. Listed in *American Medical Directory*

B. Specialists most often needed
   1. General health care (family doctor)
      a. Internist
         (1) M.D. degree
         (2) Training in internal medicine
         (3) May be sensitive to emotional and social aspects of disease
      b. Osteopath
         (1) D.O. degree
         (2) Similar training to M.D.'s
         (3) Emphasis on muscular and skeletal systems of body
      c. General Practitioner
         (1) M.D. degree
         (2) Qualified to treat most health problems
         (3) May choose to not perform surgery or deliver babies
      d. Pediatrician
         (1) M.D. degree
         (2) Specializes in care of children
   2. Specialized health care
      a. Care of eyes
         (1) Optometrist
            (a) Prescribes two-thirds of all glasses and contact lenses in U.S.
            (b) Must pass state exam
            (c) Attends 4-year school of optometry/O.D. degree

(2) Ophthalmologist
  (a) M.D. degree
  (b) Performs eye surgery
  (c) Prescribes glasses and contact lenses
(3) Optician--prepares, fits, and sells glasses prescribed by others

b. Care of teeth
(1) Dentist
  (a) D.D.S. or D.M.D. degree
  (b) Examinations required for license
(2) Prevention very important
  (a) Brush and floss at least 5-10 minutes daily
  (b) Avoid sticky sweet foods and frequent eating
  (c) Enlist fluoride to help fight cavities

c. Care of mental and emotional disorders
(1) Psychiatrist
  (a) M.D. degree
  (b) Specialized training in special treatment techniques
  (c) Concerned primarily with mental illness
(2) Psychologist
  (a) Not a M.D., has M.A. or Ph.D. degree
  (b) Studies all kinds of human behavior, normal and abnormal

d. Care of feet--podiatrist
(1) D.P.M. degree
(2) Diagnoses and treats foot disorders
(3) Prescribes drugs or corrective devices
(4) Performs minor surgery

3. Specialized treatment techniques
a. Chiropractor
(1) Not a M.D.; has chiropractic training
(2) Uses hand manipulation as a remedy
(3) May not legally prescribe drugs or perform surgery
(4) Makes extensive use of X-rays
(5) Controversial treatments

b. Acupuncturist
(1) Relieves pain and treats disease by insertion of fine needles
(2) Technique still considered experimental
(3) Levels of competency difficult to establish

c. Quackery
(1) May be difficult to spot
(2) Robs patients of valuable time
(3) Tell-tale signs
  (a) Guarantee of quick cure
  (b) Use of special or "secret" drug
  (c) "Cure" sold by mail
  (d) Case histories cited
  (e) Signed contract required
  (f) Lack of degrees or license

(g) Suspicious of organized medicine
(h) Seeking publicity and recognition

III. Hospitalization

A. Differences among hospitals
1. Accreditation by JCAH
a. Reduces chances of substandard care
b. Voluntary
2. Teaching status
a. Medical school connections
b. Training programs
3. Ownership
a. Voluntary non-profit community hospitals
(1) Administered by religious or volunteer organization
(2) Usually strict control of medical activities
b. Private profit-making hospitals
(1) More comfortable patient surroundings
(2) Possibly less strict about doctors' qualifications and activities
(3) May be small and lacking in equipment and services
c. Government supported hospitals
(1) Offer medical care to the needy
(2) May lack comforts
(3) Services often subject to budgetary whims

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4. Size
a. Experts disagree on importance
b. Small hospitals may have higher death rate for severe illnesses
c. Large hospitals offer more services
5. Services
a. May be most important consideration
b. Needed for surgery
(1) Blood bank
(2) Recovery room
(3) Pathology lab
c. Designed to help particular problems
(1) Intensive care unit
(2) Dietary counseling
(3) Physical therapy
(4) Psychological testing
(5) Genetic counseling
(6) Social service
d. Many types of services available

B. Patient's rights
1. Adopted by the American Hospital Association
a. Right to information
(1) Condition
(2) Qualifications of hospital or personnel
(3) Treatment alternatives and risks
b. Right to refuse treatment
c. Right to considerate and respectful care
d. Right to confidentiality and privacy

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e. Right to expect services
f. Right to refuse experimentation
g. Right to continuity of care
h. Right to examine bills
i. Right to know hospital rules and regulations

2. May not be prominently displayed or given to patients

C. Rising costs
1. Increasing faster than general inflation rate
2. Three main reasons
a. Wages of employees
b. Equipment prices
c. Little competition among hospitals
3. Held in tow by money-saving tips
a. Use emergency room for emergencies only
b. Make use of private labs
c. Choose day of admittance
d. Eliminate frills
e. Be a commuter patient
f. Utilize home care
g. Donate own blood
h. Leave as soon as possible
i. Check your bill

IV. Surgery

A. Often done needlessly
1. Emergency surgery--20% of operations
a. Performed to prevent death
b. Performed to prolong life

2. Elective surgery--80% of operations
a. Death results in 1 out of 200 operations
b. Estimated 10,000 needless deaths a year
c. Highest rate in world

B. Need to weigh risks against expected benefits
1. Main risks
a. Anesthesia
(1) General anesthesia
(a) Being put to sleep
(b) Extremely hazardous
(2) Local anesthesia
(a) Numbing only part of patient
(b) Patient stays awake
(3) Specialty training needed to administer
(a) Anesthesiologist
(b) Anesthetist
b. Mistakes
(1) Doctors are human
(2) Some surgeons may be poorly trained
(3) Ghost surgery might add risk factor
c. Complications
(1) Highest in complex operations
(2) Common ones
(a) Pneumonia
(b) Blood clots
(c) Shock
(d) Infection
(e) Additional bleeding

2. Risks depend on age and health of patient
3. Risks can be minimized
   a. See family doctor first
   b. Use board-certified surgeons and anesthesiologists
   c. Get additional opinions
   d. Use only accredited hospitals
   e. Be aware of surgical risks and alternatives
   f. Join an H.M.O.
   g. Use surgeons who keep their skills sharp
   h. Be aware of the most commonly prescribed operations

C. Must sign consent form

V. Preventive medicine

A. Involves increased patient responsibility for his health
   1. Recognizing early symptoms
      a. Changes in body senses
      b. Changes in limb color
      c. Changes in tissue or organ appearance
      d. Changes in routine body functions
   2. Seeing a doctor for certain symptoms
      a. Annoying symptom lasting more than 2-3 days
      b. Severe symptom lasting more than 24 hours
      c. Persistent head pain
      d. Earache
      e. Vision difficulty or eye pain
      f. Sore throat accompanied by fever
      g. Chest pain of unknown cause
      h. Pain resulting from deep breathing
      i. Shortness of breath without strenuous exercise
      j. Stomach pain lasting more than 24 hours
      k. Painful urination
      l. Persistent bleeding or easily bruised
   3. Avoiding self-diagnosis and self-medication
   4. Separating myth from fact
      a. Vitamin myth
      b. Regularity myth
      c. Do-it-yourself myth

B. Involves adopting "common sense" health rules
   1. Getting enough sleep
   2. Eating three balanced meals daily
   3. No snacking
   4. Regular exercise
   5. Moderate consumption of alcohol
   6. No smoking
   7. Good control of weight

VI. Emergency Aid

A. Speed is vitally important
   1. Know routes to emergency rooms
   2. Phone emergency room in advance if possible
      a. Keep emergency numbers available
      b. Know if 911 system is in your area

3. Identify source of poisonings
4. Carry a medical identification card

B. Be familiar with life-saving procedures
   1. Learn basic first-aid techniques
   2. C.P.R. training saves lives

VII. Quality of U.S. medical care

A. Best in world in many areas

B. Health care problems still exist
   1. Some unacceptable doctors
      a. Few licenses revoked
      b. Few states require relicensing
   2. Higher infant mortality than some other countries
   3. Lower life expectancy than some other countries

C. Increase in malpractice suits
   1. Estimated 1 out of 6 doctors sued for malpractice
   2. Possible reasons
      a. No longer close patient/doctor relationship
      b. Malpractice trial rules favor patient
      c. Some consumers are greedy
   3. Resulted in doctors practicing defensive medicine
      a. Extremely cautious treatment
      b. May be more expensive

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Student Objectives

1. Given a list of statements, the student will select the statement which is symptomatic of problems in U. S. medical care.

2. Given several alternatives, the student will select the definition of malpractice.

3. Given several alternatives, the student will select the definition of defensive medicine.

4. The student will identify from among several alternatives an appropriate method for selecting a doctor.

5. The student will identify from among several alternatives an inappropriate reason for selecting a particular doctor.

6. Given several alternatives, the student will identify the size hospital which generally has the highest death rate.

7. Given several alternatives, the student will select the type of doctor which generally requires less hospitalization and fewer surgical procedures

8. From among several alternatives, the student will identify the aspect of a doctor's training that best determines the quality of health care consumers receive.

9. Given several alternatives, the student will select the characteristic of a doctor who has been a chief resident.

10. Given several alternatives, the student will identify the aspects of a doctor's credentials which best determines the quality of health care consumers receive.

11. Given a list of specialists including "General Practitioners," the student will identify the "General Practitioners" as the specialists who would probably make good family doctors.

12. Given a list of specialists including "Pediatrician," the student will identify the "Pediatrician" as the specialist who should care for children.

13. Given a list of descriptive statements, the student will select the description of <u>American Medical Directory</u>.

14. Given a list of alternatives including "quack," the student will select "quack" as someone who would guarantee a quick cure.

15. From a list of medical procedures, the student will select the procedure which is sound and not indicative of quackery.

16. Given several descriptive statements, the student will select the definition of a chiropractor.

17. Given a list of eye specialists: optometrist, opthomologist and optician, the student will match the specialty with the description of eye care the specialist can perform.

18. Given a list of four specialists: pediatrician, podiatrist, psychologist, and psychiatrist, the student will match the specialty with the description of type of care the specialist can give.

19. Given several factors concerning hospitals, the student will select the factor which is most important in choosing a hospital.

20. Given a list of patient rights, the student will select the right that is not covered by the American Hospital Association's Bill of Rights.

21. The student will select from among several alternatives, a factor contributing to the high cost of hospitalization.

22. Given several alternatives including "elective surgery," the student will select "elective surgery" as the type of surgery most often performed.

23. Given several alternatives, the student will select the description of general anesthesia.

24. Given several side effects, the student will select the alternative which is usually not a side effect of anesthesia.

25. Given several alternatives including "ghost surgery," the student will identify "ghost surgery" as surgery which is performed by someone other than the doctor being paid to do the surgery.

26. Given several descriptive phrases, the student will select the definition of an HMO (Health Maintenance Organization).

27. Given several statements about body changes, the student will select the statement which is not accurate.

28. Given several descriptive phrases, the student will select the description of [illegible] (cardio-pulmonary resuscitation).

Introductory Activities

Generalizations	Activities	Resources
There is a need for consumers to exercise more control over the health care they receive.	1. Administer *Say Ahh!* test as a Pre-test.	* Test Teacher PAL
Americans believe many "myths" about the medical profession.	2. Discuss Americans' initial reactions to the terms "doctor" and "medical care."	* Student PAL, pp. 3-8
As a general rule, consumers have been unwilling to question the quality of care they receive, and even if willing, are lacking in sufficient knowledge to do so properly.	3. Request terms and phrases that are peculiar to medical care. Define them.	
	4. Analyze feelings towards doctors as compared to other occupations in terms of honesty, dedication, trust in their ability, etc. Determine attitudes held by your students towards various aspects of health care.	* Student Activity Sheet #1 Teacher PAL
	5. Invite a physician to discuss some of the problems and achievements of U.S. medicine with the class.	Local physician
	6. Assign students to investigate the quality of health care during different historical periods, e.g., during colonial times, Biblical times, early 1900's, etc. A social perspective may add new interest to historical occurrences.	

Generalizations	Activities	Resources
	7. Invite a foreign medical student or hospital resident to discuss the state of medical care in his native country as compared to this country.	
	8. Develop a learning center or small group activity on securing medical care.	+ Buying Health Care (2 part sound filmstrip) Changing Times Educatior Service
	9. Divide the class into small groups to list current problems of the U.S. health-care system.	
	10. Discuss the mystique of the medical profession and some of its myths. Show historically the awe with which many peoples have held doctors (e.g., tribal witch doctors, the Indian medicine men, the wise old country doctor, etc.)	+ How to Choose and Use Your Doctor (book) Arbor House
	11. Discuss the unwillingness of most consumers to question their doctors. Discuss possible reasons for this unwillingness and possible consequences from it.	+ Talk Back to Your Doctor (book) Doubleday and Company
	12. Devise word games and vocabulary activities.	* Specialized Vocabulary Teacher PAL

Developmental Activities

Activities	Resources
1. Utilize **FINDING A DOCTOR**	* Student PAL, pp. 9-18
2. Discuss various methods of searching for a doctor. Ask what each student's family does when a doctor is needed. Determine the proportion of families in the class who have a family doctor.	+ How to Buy a Doctor (color/sound filmstrip) Audio Visual Narrative Arts
3. Rank the following criteria as to the degree of influence on choice of a personal doctor: fees, billing procedures, hospital affiliation, specialty, waiting time for appointments, location and office hours, postgraduate training, board-certification, personality (bedside manner), friend's recommendation, and referral by another doctor	
4. Discuss factors to consider and factors to not consider when choosing a doctor.	* Transparency Master #1 Teacher PAL * Transparency Master #2 Teacher PAL
5. Ask students to poll parents, relatives, neighbors, etc., to determine how they choose their family doctors, dentists, pediatricians, eye doctors, etc. Ask them also to determine what knowledge they have of the doctor's credentials. Analyze and critique the criteria used by these people in their selections.	
6. Develop a learning center or small group activity on health care.	+ Regular Health Care Module 3 - Protecting Family Health and Security (Cassette tape) Grolier Educational Corp.

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Activities	Resources
1. Utilize **IS YOUR DOCTOR QUALIFIED?**	* Student PAL, pp. 19-42
2. Discuss criteria used to evaluate a doctor's qualifications.	* Transparency Master #3 Teacher PAL
3. Assign a student to write to the American Medical Association for information about the organization. Ask their purposes and goals, percentage of physicians belonging, etc.	American Medical Association
4. Suggest that students research problems associated with licensing doctors.	* Student Activity Sheets #2,3 Teacher PAL
5. Identify some commonly known medical specialties. List those specialties used by families of class members.	* Transparency Master #4 Teacher PAL
6. Discuss the increasing specialization of doctors. Analyze the reasons specialization has occurred.	= Hospital Career Information Your State Hospital Association
7. Invite specialists to speak to the class explaining how their specialty differs from other practices, why they chose that particular specialty, and what some of the more current advances in their specialized field may be.	Local specialists
8. Invite a representative from a nearby medical school, dental school, or training programs conducted in area hospitals to talk to the class about the entrance requirements, courses of study, costs involved, and financial assistance available to students. Ask the representative to explain what incentives are offered doctors to serve in undesirable locations or circumstances	Local medical training representative
9. Introduce the idea of "quacks." Discuss the types of statements they might make as compared to statements made by honest doctors.	* Student Activity Sheet #4 Teacher PAL * Transparency Master #5 Teacher PAL

Activities	Resources
	+ Health Care or Quackery: How Can You Tell? (16 mm film - Film Guide #1) Alfred Higgins Productions
10. Use role-playing to summarize and reinforce the concept of quackery. Ask students to role-play an encounter between a quack doctor and a patient. Discuss how the quack's performance differs from what a good doctor would do.	
11. Develop a learning center or small group activity on medical quacks. Ask a student to write or call the county medical society for any available information about quack doctors and treatments in your area.	+ Quacks and Medical Frauds Module 3 - Protecting Family Health and Security (Cassette tape) Grolier Educational Corp.
12. Debate: Chiropractic treatment is based on sound medical findings and beliefs.	
13. Research the training of doctors in this country 100 years ago (or during any historical period being studied).	
14. Ask the students if they, or their families or acquaintances, had ever been treated by a doctor who they felt was inadequately trained in a particular area. If so, why did the medical schools neglect those areas and what can consumers do to insure adequate training in the future?	* Student Activity Sheet #5 Teacher PAL
15. Review concepts and terms.	* Student Activity Sheet #6 Teacher PAL
THAT DREADED WORD: HOSPITALIZATION	
1. Utilize	* Student PAL, pp. 43-58
2. Discuss differences among hospitals.	* Transparency Master #6 Teacher PAL

Activities	Resources
3. Suggest that students investigate hospitals in your area and develop a profile on each. Include such items as size, services offered, rate structure, ownership, accreditation, etc. It may be possible for a class to tour a hospital.	
4. Invite a nurse from an intensive care unit to explain the specialized attention given to patients in this facility and the specialized training that nurses in these units receive.	Local intensive care unit nurse
5. Discuss the effect on the consumer that the following hospital changes might have: increased use of computers, paramedics, etc., patient cafeterias for ambulatory patients, increased pooling of services and equipment among hospitals, more surgery done on an outpatient basis, and rooming-in privileges for mothers of hospitalized children.	
6. Suggest that students poll individuals who have been hospitalized to ascertain how many were aware of the Patients' Bill of Rights developed by the American Hospital Association.	
7. Assign students to interview a local hospital administrator, asking about hospital costs and needs. Discuss their findings.	Local hospital administrator + Mister, You Made a Big Mistake On My Bill (16 mm film) Brigham Young University
8. Health Insurance is covered in depth in the insurance PAL *It's Later Than You Think*, but you may wish to highlight important terms and consumer buying tips.	* It's Later Than You Think Student/Teacher PALs + "Health Insurance: It'll Make You Sick" Consumer Digest (March/April 1979)

Activities	Resources
9. Discuss methods for reducing hospital bills--including taking advantage of ads offering cut-rate laboratory tests. Ask students to look for such ads. Discuss the pros and cons of having tests done by cut-rate laboratories instead of hospital laboratories.	* Student Activity Sheet #7 Teacher PAL
1. Utilize **DO I LET THEM CUT ON ME?**	* Student PAL, pp. 59-70
2. Discuss risks associated with surgery. Ask for cautions which consumers should observe before undergoing surgery.	* Transparency Master #7 Teacher PAL Local surgeon
3. Invite an anesthesiologist or nurse anesthetist to speak to the class and explain the vital nature of their specialty.	Local anesthesiologist or anesthetist
4. Invite a nurse to explain the special attention given to patients in a hospital recovery room.	Local nurse
5. Devise puzzles or learning centers to review terms.	* Student Activity Sheet #8 Teacher PAL
1. Utilize **DO I CALL MY DOCTOR?**	* Student PAL, pp. 71-80
2. Explain how an individual may be alerted to his own bodily changes which may signal illness.	* Transparency Master #8 Teacher PAL

Activities	Resources
3. Discuss the various causes of disease.	
4. Invite a biology teacher or health instructor to speak to the class to discuss dietary causes of disease. Include diseases caused by a deficient diet such as scurvy and rickets and diseases caused by dietary excess such as heart disease.	Local health instructor
5. Introduce students to the concept of preventive medicine.	* Student Activity Sheet #9 Teacher PAL
6. Utilize films as a basis for a general discussion of preventive medicine and to acquaint students with the manner in which our lifestyles affect our health.	= Preventive Dentistry in B Sharp (16 mm film) Modern Talking Picture Service + Stress: Dealing Positively with a Negative (16 mm film) American Educational Films
7. Ask students to write a commercial or slogan for a new over-the-counter drug they have just invented. For example, "Try our Tiny Tablets for Ticklish Tonsils."	
8. Ask students to poll grandparents, parents, elder neighbors and relatives, etc., to discover old-fashioned home remedies for various ailments. As a related activity, some students could investigate various American Indian remedies or Middle Ages' remedies.	
9. Ask students to list the over-the-counter medications in their family medicine cabinet and perhaps the ages of these medications, if known. Determine how many old prescription medications (not presently in use) are still around their houses.	
10. Discuss how the potency of certain medications diminishes with age and the dangers of using old medications for new, undiagnosed ailments.	

Activities	Resources
11. Discuss why the public buys over-the-counter drugs in such large quantities even though the FDA commissioner has stated that only 25% of them are effective. Ask how many students believe the drugs to be personally effective in relieving their ailments.	= Drug Abuse: Everybody's Hang Up (16 mm film) Smith Kline and French + Over-the-Counter Pills and Promises (16 mm film - Film Guide #2) Alfred Higgins Productions, Inc.
12. Ask students to make a bulletin board display or collage of over-the-counter medications. Create a learning center where students analyze these types of ads as to type of appeal used and claims made.	
13. Discuss the similarities and differences among pain relievers.	+ Exploring the Marketplace: The Claims and the Facts - Pain Relievers (color/sound filmstrip) Consumers Union Educational Services
1. Utilize **EMERGENCY: GETTING HELP *FAST***	* Student PAL, pp. 81-88.
2. Discuss the importance of speed in an emergency. Assign students to investigate and report on each available emergency facility in your community. Basic costs, equipment available, and location should be included in each report.	* Transparency Master #9 Teacher PAL
3. Assign students to develop maps showing the location of emergency facilities and distribute them to the class.	

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Activities	Resources
4. Assign students to poll individuals to determine the proportion who use emergency rooms for routine or non-emergency medical care. They can then compare these survey results to what local emergency rooms estimate as the percentage.	
5. Acquaint students with first aid and life-saving techniques.	+ CPR Quiz: Basic Life Support (16 mm film) American Educational Films + "First Aid Guide" (pamphlet) American Medical Association = A Life In Your Hands (16 mm film) West Glen Films
6. Invite a certified CPR instructor to demonstrate the technique to your class. Your local Red Cross can put you in touch with a qualified instructor.	
7. Develop a learning center on securing emergency medical help.	+ Medical Help Fast (Cassette tape) Module 3--"Protecting Family Health and Secruity" Grolier Educational Corp.
8. Ask a group of students to dramatize an emergency room scenario: too few seats, the mixture of emergency and non-emergency cases, endless forms to fill out, howling children, etc.	
9. Discuss a negative effect that the rising number of malpractice suits may have on emergency room doctors.	* Student Activity Sheet #10 Teacher PAL

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Activities	Resources
1. Utilize **U.S. MEDICAL CARE: HOW GOOD IS IT?**	* Student PAL, pp. 89-94
2. Discuss accomplishments of American medicine.	
3. Introduce some of the problems of health care in the U.S.	* Student Activity Sheet #11 Teacher PAL * Transparency Master #10 Teacher PAL
4. Analyze why the U.S., a rich nation, does not fare better in comparison with other countries in the areas of life expectancy and infant mortality.	
5. Discuss defensive medicine and its effects on the consumer.	* Student Activity Sheet #12 Teacher PAL
6. Invite a lawyer with experience in malpractice lawsuits to explain the difficulties involved in proving medical malpractice. Ask him to explain what steps a consumer should take if he suspects malpractice in his treatment.	Local lawyer + "Medical Malpractice" (3 Part series) Consumer Reports (Sept/Oct/Nov 1977)

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Review Activities

Generalizations	Activities	Resources
The student will review the increasing consumer interest in the health-care field.	1. Arrange a hospital tour, if possible, visiting an operating room and various other treatment facilities. 2. Assign students to investigate the appeals channels for health-care consumers in your area. A few areas that might provide information are as follow: a. What local consumer agencies can do about complaints in the health field. b. When a consumer might need a lawyer. c. What medical societies or state licensing boards will do for consumers with legitimate grievances. 3. Assign students to investigate special health services in your community (e.g., VD clinics, mental health units, family planning counselors, blood banks, etc.) and report to the class on their findings. 4. Ask interested students to compile a directory of doctors for their community. A kit is available which gives guidelines to do this. 5. Invite a doctor from a group practice to explain to the class the advantages and the disadvantages of such practice to the consumers. 6. Invite a representative from a specialized agency such as the American Heart or Cancer Association to speak to the class and report on new advances in the treatment of these diseases.	+ The Health Research Group

Generalizations	Activities	Resources
	7. Ask students to create a bulletin board from articles (newspaper and magazine) concerning medical care or the medical profession.	
	8. Ask students to collect and display articles of medical humor (cartoons, jokes, etc.)	* Student Activity Sheet #13 Teacher PAL
	9. Summarize the advances made in American medicine and lead a discussion of medicine in the future. Recall the various devices and medical treatments shown in future-oriented programs such as the TV series Star Trek.	
	10. Discuss where to find specialized medical help in your area--such as burn treatment centers, crippled children's clinics, cancer research, etc.	+ "Where to Find the Best Medical Care" Family Circle (28 June 1977)
	11. Review the terms used in the study of medical care.	* "Specialized Vocabulary" Teacher PAL * Student Activity Sheet #14 Teacher PAL
	12. Review the student objectives for this module.	* Student Activity Sheet #15 Teacher PAL
	13. Ask students to list their concerns about medical care in the future and appropriate goals and actions to overcome any problems.	* "Personal Commitment" Student PAL, p. 95
	14. Ask students to list responsibilities of consumers, professionals, and the government in determining quality health care.	* "Self-Evaluation" Student PAL, p. 96
	15. Administer *Say Ahh!* test as a Post-test.	* Test Teacher PAL

General Resources – Addresses

Alfred Higgins Productions, Inc.
9100 Sunset Boulevard
Los Angeles, CA 90069

American Educational Films
132 Lasky Drive
Beverly Hills, CA 90212

American Medical Association
535 North Dearborn Street
Chicago, IL 60610

Arbor House Publishing Company
641 Lexington Avenue
New York, NY 10022

Audio Visual Narrative Arts
P.O. Box 9
Pleasantville, NY 10570

Brigham Young University
Media Marketing, W170 STAD
Provo, UT 84602

Changing Times Education Service
1729 H Street, N.W.
Washington, D.C. 20006

Consumer Information Center
General Services Administration
Pueblo, CO 81009

Consumers Union Educational Services
Orangeburg, NY 10962

Doubleday and Company, Inc.
245 Park Avenue
New York, NY 10017

Florida Hospital Association
P.O. Box 6905
315 Park Lake Circle
Orlando, FL 32803

Grolier Educational Corp.
845 Third Avenue
New York, NY 10022

The Health Research Group
2000 P Street, N.W.
Washington, D.C. 20036

Modern Talking Picture Service
5000 Park Street North
St. Petersburg, FL 33709

Smith Kline and French
Laboratories
Drug Abuse Literature - E 60
1500 Spring Garden Street
Philadelphia, PA 19101

West Glen Films
565 Fifth Avenue
New York, NY 10017

Specialized Vocabulary

ACCREDITATION	The status a hospital receives after it has met basic operating standards for quality of patient care and services established by the Joint Commission on Accreditation of Hospitals
ACUPUNCTURIST	A person with specialized training in relieving pain and treating disease by inserting fine needles into various points of the body
AAFP	American Academy of Family Physicians - a nationwide organization devoted to revitalizing general practice: has high membership standards, including continuing education requirements
AMA	American Medical Association - a nationwide organization for physicians
ARTIFICIAL CIRCULATION	A method by which a rescuer uses external hand massage of a victim's heart to keep blood flowing through his body
ARTIFICIAL RESPIRATION	A method by which a rescuer literally breathes for a victim by blowing air through his mouth into his lungs
AUTOPSY	An examination of a dead person to discover the cause of death
BEDSIDE MANNER	A doctor's behavior and personality when treating a patient; a doctor who is comforting and friendly to his/her patients has a good "bedside manner"
BILL OF RIGHTS	A list of hospital patients' rights as established by the American Hospital Association

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BOARD-CERTIFIED	The term given to a doctor when he has completed specialty training AND PASSED an examination given by one of the American Boards of Medical Specialties
BOARD-ELIGIBLE	The term given to a doctor when he has completed the training requirements of a specialty but HAS NOT taken or passed the certification exam given by one of the American Boards of Medical Specialties
C.P.R.	Cardio Pulmonary Resuscitation; a method for insuring the continued circulation and respiration of a victim in whom these systems have failed
CHIROPRACTOR	A health care specialist who treats patients primarily by using his hands to manipulate parts of the body; has a D.C. (Doctor of Chiropractic) degree
COLLEAGUE	A fellow worker in the same profession
COLLEGE	A group interested in continuing education in a particular specialty
COMPLICATIONS	Unexpected medical problems which arise during the treatment of another disease
CONSULTANT	A doctor or health care professional who gives a second opinion on a particular referral; usually a specialist in that particular area
CREDENTIALS	Facts about a doctor's background, experiences, and training
DEFENSIVE MEDICINE	A very cautious method of treatment; often involving extra lab tests and consultations with other doctors

DENTIST	A health care specialist who maintains and improves the health of teeth and related structures; has either a D.D.S. (Doctor of Dental Surgery) or a D.M.D. (Doctor of Medical Dentistry) degree
DIAGNOSIS	Determination of type of illness or ailment after carefully examining all the known facts
ELECTIVE SURGERY	The choice of surgery made by a patient generally for conditions that are not life-threatening and for which surgery may or may not be urgent
FELLOW	The term given to a doctor who has met the extra requirements of a specialty set by a particular college
FIRST AID	Lifesaving measures to take to provide emergency relief before medical treatment can be secured
GENERAL ANESTHESIA	A total loss of the sense of pain, temperature, touch, etc., caused by a gas or chemical given to a patient; also called putting the patient "to sleep"
GENERAL PRACTITIONER	A M.D. (Doctor of Medicine) who has <u>not</u> limited his practice to a particular area of concern
GHOST SURGEONS	Surgeons who operate anonymously, without the consent or knowledge of the patient; paid by the patient's doctor
GROUP PRACTICE	Doctors who practice together in the same work environment, sharing facilities and expenses; may or may not practice the same specialty

C3

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H.M.O.	Health Maintenance Organization; members pay a monthly fee for which they receive medical care as needed
HEIMLICH MANEUVER	Emergency measure to take for a choking victim; involves squeezing air out of the victim's lungs in an attempt to pop out the obstruction in the throat
HOSPITALIZATION	The period of time a patient spends in a hospital for surgery, tests, recuperation, etc.
HYPERTENSION	Abnormally high blood pressure
INCOMPETENT	Lacking adequate ability, knowledge, or fitness
INTENSIVE CARE UNIT	A special service unit provided by many hospitals for seriously ill patients where specially trained nurses and special equipment constantly monitor a patient's condition; also known as I.C.U.
INTERNIST	A M.D. with concentrated training in the broad area of internal medicine
INTERNSHIP	A doctor's first year of practical training after completing medical school and before any specialty training
LICENSE	The permission granted by a state to a doctor or other health care specialist to practice his profession in the state
LIFE EXPECTANCY	The average number of years that a person is expected to live
LIFE STYLE	The manner in which an individual lives; includes home and work environment, dietary habits, exercise, recreational patterns, etc.

LOCAL ANESTHESIA	A loss of all sensation in only a certain area of the body caused by a drug or chemical given to the patient; patient stays awake
MALPRACTICE	Injurious treatment or obvious neglect of a patient by a physician or surgeon
MORTALITY	Number of deaths in a sample group of the population
911	The Police Emergency phone number which, in many areas of the country, is THE number to call when emergency police or rescue help is needed
OPHTHALMOLOGIST	A M.D. who is a specialist in the care of the eyes
OPTICIAN	A person who practices the trade of preparing, fitting, and selling glasses prescribed by other health care specialists
OPTOMETRIST	A health care specialist with a D.O. (Doctor of Optometry) degree who prescribes glasses or contact lenses and checks the eyes for vision problems
OSTEOPATH	A health care specialist with a D.O. (Doctor of Osteopathy) degree who diagnoses and treats diseases, but with a special emphasis on the muscular and skeletal systems of the body
OVER-THE-COUNTER-DRUGS	Medications which a consumer can purchase without a doctor's prescription; usually lack the potency of prescription drugs
PEDIATRICIAN	A M.D. who specializes in the care of children from birth through adolescence

PODIATRIST	A health care specialist with a D.P.M. (Doctor of Podiatric Medicine) degree who is concerned with the diagnosis, treatment, and prevention of abnormal conditions of the feet
PREPAID GROUP PRACTICE	A type of medical practice requiring patients to pay a certain amount for medical care on a regular basis, whether sick or not; total medical care is then provided when needed at very little or no extra cost
PREVENTIVE MEDICINE	Attempt to reduce or eliminate disease by removing or changing factors causing disease
PSYCHIATRIST	A M.D. with training in handling mental problems with special treatment techniques
PSYCHOLOGIST	A person with special training in human behavior, both normal and abnormal, but who cannot prescribe drugs or admit patients to a hospital
QUACK	Someone who poses as a doctor or health care specialist and misleads or defrauds consumers with phony or harmful care
REGULARITY	The normal bowel movement behavior of an individual
RESIDENCY	A doctor's specialty training after completing his internship; generally lasts from 2 to 5 years and usually takes place in a hospital
SPECIALIST	A doctor who limits practice of medicine to a particular area; usually has received extra training in the specialty area
SURGERY	The treatment of disease or injury by cutting or removal of diseased or damaged tissue

SURGICAL CONSENT FORM

The legal agreement which a patient or his authorized representative must sign before surgery can be performed

SYMPTOM

Any condition that comes with, or results from, a disease and serves as an aid in diagnosis

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Film Descriptions

CPR QUIZ: BASIC LIFE SUPPORT (20 minutes) - American Educational Films, 1977

This film utilizes the quiz format. It offers clear questions and answers to realistic emergency situations in a variety of locations and gives an ideal first exposure to lifesaving procedures, the ABC's of life support (A - Airway open, B - Breathing restored, C - Circulation restored).

DRUG ABUSE: EVERYBODY'S HANGUP (14 minutes) - Smith Kline and French

This film dramatically depicts the problem of drug abuse among people and deals with values and ethics involved.

HEALTH CARE OR QUACKERY: HOW CAN YOU TELL? (24 minutes) - Alfred Higgins Productions, 1978 FILM GUIDE #1

Health science has never had more to offer, yet quackery is at an all-time high. We are bombarded with advertising for quick weight loss plans, food supplements, miracle cancer and arthritis cures, gimmicks and gadgets supposedly designed to promote better health . . . the list is endless. Along with phony doctors and fake health cures, we are constantly exposed to a barrage of quackery. Interviews with authorities help reveal medical abuses, and the way is pointed towards evaluating health care so we may have the necessary information to obtain competent treatment when we need it.

A LIFE IN YOUR HANDS (15 minutes) - West Glen, 1972

This is a film about how ordinary citizens can sustain life when someone stops breathing and their heart stops beating. The need for CPR training for individuals on a national scale is clearly shown. The goal of at least one CPR-trained person in every family is discussed.

MISTER, YOU MADE A BIG MISTAKE ON MY BILL (17 minutes) - Brigham Young University

Don Knotts portrays a family man who is pleased with his wife's recovery -- until the hospital bill arrives. He's then enraged over the high cost and marches to the hospital to protest. Once there, he meets the nurse who had taken care of his wife. She takes him on a tour of the hospital--explaining what could have been eliminated from his wife's care--if the bill were really too high. In the end, he's pleased with the care and cost.

OVER-THE-COUNTER PILLS AND PROMISES (16½ minutes) - Alfred Higgins Productions, Inc., 1977 FILM GUIDE #2

Three and a half billion dollars are spent every year for thousands of different over-the-counter medicines--medicines designed to treat all kinds of common ailments. Unfortunately, there's a lot of confusion about which are the best buy and how to get the most for your money. Highly advertised over-the-counter medicines may not offer the best values. Less expensive brands and "home remedies" are often just as effective.

PREVENTIVE DENTISTRY IN B SHARP (14 minutes) - Modern Talking Picture Service, 1975

The viewer interrupts an eminent composer (played by Avery Schreiber) as he is completing his latest symphony. The maestro, dedicating his work to preventive dentistry, feigns annoyance as he relates important facts about cleaning teeth and gums, proper diet, and professional dental care. The film contains basic information about preventive oral hygiene in a humorous yet informative manner. Produced by the American Dental Association.

STRESS: DEALING POSITIVELY WITH A NEGATIVE (20 minutes) - American Educational Films

This film emphasizes that each person is capable of coping with stress if he understands it and channels it in the right direction. It explores both psychological and physical causes and effects of stress and offers health-coping mechanisms for all of us to deal with stress.

INSTRUCTIONAL
AIDS

CLASSROOM TEACHERS ARE AUTHORIZED TO
REPRODUCE THIS ORIGINAL COPY FOR USE
IN THEIR CLASSROOMS.

Say Ahh!

CHOOSE THE BEST ANSWER FOR EACH STATEMENT OR QUESTION.

1. One of the problems with health care in the U. S. is that
   - A. the infant mortality rate is extremely low.
   - B. we still have not found cures for the biggest killers of 75 years ago.
   - C. there are far too many doctors and nurses for the number of patients.
   - D. only a small fraction of unfit doctors ever have their license to practice taken away.

2. Malpractice is
   - A. when a doctor loses his license.
   - B. harmful treatment of a patient by a doctor.
   - C. practiced by many doctors who are afraid of law suits.
   - D. a type of group practice established by specialists in teaching hospitals.

3. Defensive medicine is
   - A. the same thing as preventive medicine.
   - B. harmful treatment of a patient by a doctor.
   - C. practices by many doctors who are afraid of law suits.
   - D. a type of group practice established by specialists in teaching hospitals.

4. When selecting a doctor, you should
   - A. look for an older doctor with high rates.
   - B. consider a doctor connected with group practice.
   - C. select a doctor who has treated someone that you know.
   - D. select a doctor with no hospital staff privileges.

5. When selecting a doctor, you should NOT
   A. consider a doctor connected with a medical school.
   B. select a doctor who has practiced only a few years.
   C. wait to select a doctor until you are sick and need one.
   D. consider a general practitioner instead of a specialist.

6. According to surveys, which of the hospitals below have 40% higher death rates when the severity of their cases is considered?
   A. Teaching hospitals
   B. Voluntary hospitals
   C. Hospitals with more than 500 beds
   D. Hospitals with fewer than 100 beds

7. According to studies, which type of doctor generally requires less hospitalization and fewer surgical procedures?
   A. Doctors in prepaid group practice
   B. Doctors in general practice
   C. Private doctors
   D. Older doctors

8. Which aspect of a doctor's training is the best guide to the quality of health care you might receive?
   A. The medical school
   B. The residency program
   C. The doctor's class standing in medical school
   D. The doctor's record from the first year out of medical school

9. As a general rule, a doctor who has been a chief resident
   A. has been an intern too long for his own good.
   B. will become an excellent hospital administrator.
   C. is usually a doctor of higher-than-average ability.
   D. cannot be considered a quality doctor unless he went to an excellent medical school.

10. Which aspect of a doctor's credentials is the best guide to a doctor's quality?
   A. Degree
   B. License
   C. Specialty
   D. Hospital appointment

11. Which specialist below would probably make a good family doctor?
    A. Podiatrist
    B. Psychologist
    C. Chiropractor
    D. General Practitioner

12. A couple seeking a specialist to care for their new-born infant should look for a
    A. Podiatrist.
    B. Obstetrician.
    C. Pediatrician.
    D. Chiropractor.

13. The American Medical Directory is a
    A. compilation of medical terms and their definitions.
    B. listing of doctors and their credentials.
    C. directory of hospitals and their services.
    D. directory of medical schools.

14. If your doctor guarantees a quick cure, you may find he is
    A. a quack.
    B. practicing defensive medicine.
    C. a doctor of higher-than-average ability.
    D. probably affiliated with a teaching hospital.

15. A doctor who follows sound medical procedures would probably
    A. label symptoms as illnesses.
    B. request the patient to sign a contract.
    C. request a second opinion from another doctor.
    D. promote the use of his special formula through describing successful case histories.

16. A chiropractor is
    A. a M.D. whose specialty is health care for children.
    B. a M.D. who treats patients primarily by manipulating parts of the body.
    C. a health-care specialist, not a M.D., whose specialty is health care for children.
    D. a health-care specialist, not a M.D., who treats patients primarily by manipulating parts of the body.

17. Which of the doctors below is a M.D. who specializes in the care of the eyes?
    A. Ophthalmologist
    B. Optometrist
    C. Osteopath
    D. Optician

18. Which of the doctors below is a M.D. with training in handling mental problems using special treatment techniques?
    A. Podiatrist
    B. Psychiatrist
    C. Psychologist
    D. Pediatrician

19. Which is the most important factor you should consider in choosing a hospital?
    A. Whether the hospital is acredited
    B. The size of the hospital
    C. Who owns the hospital
    D. The services it offers

20. Which of the following is NOT included in the American Hospital Association's Bill of Rights? The patient has the right to
    A. withhold payment if his treatment is not successful.
    B. any information about his condition or treatment.
    C. examine his bill.
    D. refuse treatment.

21. Your hospital costs will probably INCREASE if you
    A. substitute home care for hospital care whenever you can.
    B. have the lab work done by private labs and not by the hospital.
    C. donate your own blood for your use, rather than use the hospital's supply.
    D. are admitted to a private hospital rather than a government-supported one.

22. Which type of surgery is performed most often in the U.S.?
    A. Ghost surgery
    B. Heart surgery
    C. Elective surgery
    D. Appendix surgery

23. General anesthesia is
    A. putting the patient to sleep.
    B. numbing a smaller general area.
    C. the safest type of anesthesia.
    D. used to control pain around stitches.

24. Which of the following is usually NOT a side effect of anesthesia?
    A. Vomiting
    B. Blood loss
    C. Brain damage
    D. Heart attack

25. Which type of surgery is performed by someone other than the person who was paid to do the surgery?
    A. Diagnostic surgery
    B. Emergency surgery
    C. Elective surgery
    D. Ghost surgery

26. A Health Maintenance Organization (HMO) is a
    A. hospital.
    B. medical school.
    C. pre-paid group practice program.
    D. convalescent center for surgical recuperation.

27. Which statement concerning bodily changes is FALSE?
    A. Even the most skilled doctor can miss small changes which may signal an illness.
    B. Every disease or injury has a visible symptom which the alert consumer will spot.
    C. You are the best judge of your own health status -- of when something is not right.
    D. Part of preventive medicine involves recognizing small changes before they become serious problems.

28. CPR is a method of
    A. artificial circulation.
    B. artificial resuscitation.
    C. cardiovascular resuscitation
    D. artificial breathing and artificial circulation.

NAME _____

CLASS _____

DATE _____

Say Ahh!

1 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
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What kind of health care consumer are you?

DO THESE STATEMENTS DESCRIBE YOU AS A HEALTH CARE CONSUMER? CHECK "YES" OR "NO" FOR EACH.

YES	NO		
___	___	1.	Staying healthy means a lot to me.
___	___	2.	I try to stay healthy by eating a balanced diet, getting enough sleep, and exercising.
___	___	3.	I believe that swallowing a vitamin pill each morning keeps me healthy.
___	___	4.	I immediately call my doctor whenever I feel bad.
___	___	5.	If I'm sick, I will most likely try a "home remedy" before calling my doctor--I'll call then only if I'm really bad.
___	___	6.	When I'm sick, I do nothing and hope I'll get well quickly.
___	___	7.	I usually ask my friends for advice on medical problems.
___	___	8.	I know what to do and how to get help in a medical emergency.
___	___	9.	I'm a health "nut." I spend a lot of money on my health.
___	___	10.	I spend as little as possible on my health.
___	___	11.	I worry about how expensive health care might be in the future.
___	___	12.	I rely totally on my parents to make decisions concerning my health.
___	___	13.	Advertising influences my choice of health care products.
___	___	14.	It doesn't make sense to "comparison shop" for doctors or health care products.
___	___	15.	"You get what you pay for." The most expensive health care products and services usually are the best.
___	___	16.	I buy only over-the-counter medicines that I've seen advertised--the "name-brand" ones.
___	___	17.	I think it's fun to try out new health care products.
___	___	18.	I carefully read the labels and instructions before buying and using health care products.
___	___	19.	I know how to evaluate the quality of a health care product or service.
___	___	20.	If I am not satisfied with a health care product or service, I do something about it. I know where and how to complain.

BEST COPY AVAILABLE

In Illinois State Mental Hospitals . . .

157 Doctors Ordered to Take Competency Test and Not One Passes

Of 157 doctors practicing in Illinois state mental hospitals who were ordered to take a short competency test — 127 flunked, one failed to turn in his paper and 29 didn't even show up.

"With a few exceptions, the 157 people involved are foreign born and foreign trained," said Tom Gradel, public information officer in State Registration and Education Dept.

"These limited license physicians have never been licensed in any state in the U.S., and most of them have not even been licensed in foreign countries. They are allowed to practice medicine in all its branches here, but only in state mental hospitals. They represent about half the doctors in the system."

And Illinois isn't the only state with such a setup.

"We are one of about 14 states that have permit and limited license physicians," said Dr. Robert deVito, Illinois mental health director.

The doctors' abysmal showing on the competency test hit Illinois like a bombshell.

"It was a surprise," said Dr. deVito. "Thirty of those involved were practicing as psychiatrists, the rest were doing general medicine work. They are expected to do all the things that a fully licensed physician does.

"After the examination (given in December), they were reassigned to duties other than direct patient care. But emergency legislation has now been passed, and they have gone back to their normal duties as regular physicians.

"We have until March 1, 1978 . . . to replace the permit system with fully licensed doctors. The permit and limited license doctors will have to pass examinations to upgrade themselves or they'll be fired."

The examination the doctors failed "was made up of a specially selected group of questions taken from prior examinations in which 92 percent of the people who had answered those questions did so correctly," said Dr. Joseph H. Skom, president of the Illinois State Medical Society.

Dr. Skom, who is opposed to allowing limited license physicians to practice, told The ENQUIRER: "It is morally wrong to say: 'We have second-class citizens as patients in state mental hospitals, therefore we will have a group of doctors who are unable to meet the requirements to practice medicine on everyone and let them take care of these patients.'"

— MALCOLM BALFOUR

THINK ABOUT IT:

1. HOW DO YOU FEEL ABOUT THIS ARTICLE? DO YOU BELIEVE EVERYTHING IN IT?

2. WHAT ARE SOME PROBLEMS IN THE LICENSING OF DOCTORS?

3. WHY ARE SO MANY DOCTOR'S POSITIONS IN THIS COUNTRY FILLED BY FOREIGN-BORN OR FOREIGN-TRAINED PHYSICIANS?

4. WHAT ARE THE CRITERIA FOR LICENSING DOCTORS IN YOUR STATE? DO THEY HAVE TO PASS EXAMINATIONS? DO THEY HAVE TO TAKE ADDITIONAL COURSES TO RENEW THEIR LICENSES?

5. WHAT KIND OF REQUIREMENTS <u>SHOULD</u> THERE BE FOR THE LICENSING OF DOCTORS?

Wealthy Doctor Who's Practiced for 23 Years Is Charged With Using Phony Documents to Get Medical License

A wealthy Georgia physician — known as "Hanging Ben" because he was so tough on other doctors — has been suspended from his state's medical licensing board on charges that he used phony documents to obtain his medical license.

Dr. Benjamin Hill Jenkins Jr. "was given a Georgia license on the basis of falsified credentials" that included credits from medical schools he never attended, said a spokesman for the American Medical Assn. (AMA)

A thriving practice and business interests have enabled Dr. Jenkins to invest in a $5 million condominium in Mexico, drive a Rolls-Royce, and own a private three-acre lake.

"No one could ever say he's hurting for money," declared Cecil Clifton, executive director of the Georgia Board of Medical Examiners.

Dr. Jenkins served on the board for 12 years, until his suspension by fellow members last May. The 54-year-old eye, ear, nose and throat specialist is continuing to practice at his offices in Newnan, Ga., while the board studies possible revocation of his license.

"I am a damn good doctor," asserted Dr. Jenkins, who was twice president of his county's medical society.

Dr. Jenkins' patients seem quite content with him, agreed other physicians in Newnan.

"I've known a good number of people who continue to go to Ben and are perfectly satisfied," said Dr. N.B. Glover, a pediatrician. And, said Dr. Lewis Collins, an internist: "Ben has some very dedicated patients who stick with him."

During his service on the board, Dr. Jenkins was known as "Hanging Ben" because he was so tough on doctors. Dr. Jenkins' toughness was what led to his current problems.

Dr. B.H. JENKINS Jr.
"I am a damn good doctor."

John Daniel, a Georgia farm supply salesman, got mad when the board revoked the license of Daniel's own doctor. Since Dr. Jenkins was the "star witness against my doctor, we decided to look into his background," Daniel said.

The investigation showed that Dr. Jenkins was granted his medical license in 1953 on the basis of a medical degree from the University of Nuevo Leon in Mexico. He did spend a year at the school and did get a degree there in 1950. However, the AMA said, the Mexican university had been fooled into accepting credits from medical schools in the United States that Dr. Jenkins had never attended.

For example, the AMA said, Dr. Jenkins' Mexican file included a transcript claiming he had graduated with excellent grades from the University of Kansas Medical School. But "the transcript is a complete fake," the university said in a letter to the AMA, adding that Dr. Jenkins had never attended its medical school.

Dr. Jenkins' file also included a diploma from an unaccredited Kansas City diploma mill, the AMA said. Dr. Jenkins admitted the diploma is "not worth the paper it's printed on," but insisted an investigation would show his Mexican degree was valid.

— *PHILIP V. BRENNAN Jr.*

1. ARTICLES SUCH AS THIS SOMETIMES APPEAR IN NEWSPAPERS. ALTHOUGH THE STYLE OF WRITING MAY BE "SENSATIONAL," THE ARTICLE DOES SHOW THAT THERE CAN BE PROBLEMS IN THE LICENSING OF DOCTORS. WHAT PROBLEMS ARE REVEALED IN THIS ARTICLE?

2. WHAT KIND OF REQUIREMENTS SHOULD THERE BE FOR THE LICENSING OF DOCTORS?

3. SHOULD THERE BE ANY KIND OF "CHECK-UP" TO SEE HOW WELL A DOCTOR TREATS HIS PATIENTS AFTER A LICENSE HAS BEEN GRANTED?

4. HAVE YOU EVER REALLY THOUGHT ABOUT THIS? HAVE YOU EVER CHECKED YOUR DOCTOR'S CREDENTIALS?

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WHO'S A QUACK?

CIRCLE THE ANSWER WHICH BEST COMPLETES EACH STATEMENT.

1. A doctor says: "Any one of my patients will be happy to explain how I've cured them when no other doctor could. If you wish, I can show you what hundreds of patients have written praising my methods." This doctor sounds like:

   A. a good doctor B. a quack

2. A doctor says: "I'm going to try a shot of penicillin, Mr. Smith. This ought to clear up your infection in a day or two. Call me the day after tomorrow if you aren't better by then." This doctor sounds like:

   A. a good doctor B. a quack

3. A doctor says: "My Marveltone machine reads body electricity and cures any disease by restoring the balance between positive and negative electric charges in the body. Cancer, heart trouble, TB, epilepsy, and diabetes are just a few of the diseases this machine has cured." This doctor sounds like:

   A. a good doctor B. a quack

4. A doctor says: "The medicine I will give you will help stop the pain. This drug won't cure you, but it will make you feel better." This doctor sounds like:

   A. a good doctor B. a quack

5. A doctor says: "The American Medical Association doctors are jealous because none of them discovered the healing powers of this treatment. They know that these injections are a major breakthrough in treating disease, but they're afraid that my methods will prove that they're all crooks." This doctor sounds like:

   A. a good doctor B. a quack

6. A doctor says: "It's a good thing you came to me, Mrs. Miller. These Vita-pills will surely increase your bust size by at least 4 inches." This doctor sounds like:

   A. a good doctor B. a quack

7. A doctor says: "These electrodes I am attaching to your skin are attached to a machine which will measure your heart activity. This machine is not a cure or a treatment but simply one of several ways I will gather information about your condition before I make a diagnosis and prescribe a treatment." This doctor sounds like:

   A. a good doctor B. a quack

Your health

Nutrition splits doc, patient

By Lester L. Coleman, M.D.

My admiration for my doctor is limitless. The only time we seriously disagree is when the subject of nutrition comes up. It's true that I can be called a "health nut." But I feel it's unfair for my doctor to pooh-pooh every thought that I express about health foods and nutrition.

Mrs. P.B., Pa.

Dear Mrs. B.: Throughout my entire medical school training and long residency programs in three hospitals, I must confess there was never a formal course in nutrition given to us.

There were, of course, outlines of special diets for specific illnesses such as hiatus hernia, gall bladder disease, peptic ulcers, diverticulitis, gout, high blood pressure and diabetes.

Considering the enormous effect of malnutrition on world health, the training received by most doctors has been inadequate. There are physicians who are highly specialized nutritionists who devote themselves exclusively to the important relationship between adequate nutrition and general health.

One such specialist is Dr. Myron Winick, professor of Nutrition and director of the Institute of Nutrition at Columbia University in New York City. He has, in a recent article, expressed some basic axioms that should alert all of us to an area of medicine to which we tend to pay little or no attention.

He said, "The state of nutrition education in this country as it is related to health is in complete chaos. One cause of that chaos is the medical profession's failure to take responsibility in this area."

Perhaps their lack of interest accounts for the fact that "the science of nutrition has more people hanging on its fringe than any other bio-medical discipline. Many of them have had no formal training; some, no doubt, are well-meaning, but others are charlatans. There is no way the average person can separate one from the other."

Perhaps such fringe groups would not exist if all of us in the practice of medicine gave more consideration to the nutrition of all of our patients rather than to those who have diseases with special diet needs.

In defense of your doctor and my patients' doctor, it must be stated that we are becoming more candid about our inadequate training in the field of nutrition. We are listening and learning. Medical educators are now introducing courses in nutrition in medical schools and in residency programs.

1. Why is it that many doctors know so little about nutrition?

2. Why is it that most medical schools have practically ignored the subject of nutrition until now?

3. What responsibilities does an individual consumer have if he suspects his doctor may be ill-informed on matters of nutrition?

4. The article states that many nutrition "experts" have had no formal training and some are outright phonies, and the average person can't tell one from another. What is the answer for consumers who face this situation?

MEDICAL JARGON

TO FIND OUT HAPP'S REPLY, WRITE THE CORRECT MEDICAL TERM IN THE BLANKS. THEN, WRITE THE LETTER ABOVE EACH CORRESPONDING NUMBER IN HAPP'S REPLY. IF YOU HAVE ANSWERED ALL TERMS CORRECTLY, HAPP WILL GIVE YOU HIS DEFINITION OF MALPRACTICE.

_ _ _ _ _ _ _ _ _ _ 7 _ _ M.D. with training in handling mental problems

_ _ _ 17 _ _ _ Permission granted to practice a health-care profession

_ _ _ _ _ _ _ 12 _ _ Prepares, fits, and sells glasses prescribed by others

_ _ _ _ 3 _ _ _ _ _ _ _ _ Person with specialized training in human behavior

_ _ _ _ _ _ _ _ _ _ 16 _ _ _ _ M.D. who specializes in the care of the eyes

_ _ _ _ 6 _ _ _ _ _ _ _ _ _ Relieves pain and treats disease by inserting needles into the the body

_ _ _ _ _ 4 Doctor who has met the extra requirements of a specialty set by a particular college

_ 1 _ _ _ _ _ _ _ _ _ _ _ _ M.D. who specializes in treating children

_ 15 _ _ M.D. who has not limited his practice to a particular area

_ _ _ _ _ _ _ _ _ 9 A doctor's specialty training after internship

_ _ _ 14 _ _ _ _ _ _ _ _ _ Prescribes glasses or contact lenses

_ _ _ _ _ 11 _ _ _ M.D. with concentrated training in internal medicine

_ 5 _ _ _ Person posing as a doctor

_ 13 _ _ _ _ _ _ Treats teeth and related structures

_ _ _ _ _ _ _ 2 _ _ _ Treats any foot problems

8 _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Term given doctor after he has completed specialty training and passed the examination

_ _ _ _ 10 _ _ _ _ _ _ _ _ _ Treats patients by manipulating parts of the body

HOSPITAL COSTS ...

into the wild blue yonder

Yes, hospital bills are rising. But what can the consumer do?

Work in teams of three students to make recommendations at each of three levels of action you might take to help keep hospital costs from going "out of sight!"

INTERPERSONAL LEVEL
What I can do. What we can do as individuals.
e.g., exercise daily, take children to the dentist, etc.

INTERGROUP LEVEL
What we can do in groups, together.
e.g., join a health consumer group, etc.

SOCIAL SYSTEM LEVEL
What we can do as a community or nation about medical care costs.
e.g., national "health" insurance, etc.

SUGGESTION: Refer back to the introduction to this PAL where we discussed the difference between medical care and health care. That may give you a few ideas.

A SICK LIMERICK

1 2 3 4 3 5 6 7 3 21 8 9 8 10 8 6 11 4 5 10 12 5 13 14 3 4 6 15 8.
21 2 5 9 16 11 11 3 4 3 22 9 5 17 8 22 11 4 5 10 8 2 3 4 6 15 8.
2 3 9 8 15 22 1 5 22 5 7 20 16 8 7 19.
8 9 2 3 13 8 18 5 6 2 15 9 17 8 7 19.
18 5 16 17 3 1 1 3 4 J 16 9 1 7 16 1 21 2 8 1 7 5 6 7 3 4 6 15 18 8!

47

Write the correct term defined or missing in the blanks. Then, write the letter above each corresponding number in the spaces above. If you have answered all terms correctly, you will have written A SICK LIMERICK!

_____ are unexpected medical problems which arise during the treatment of another disease.
7 12 1
Putting a patient "to sleep" is called _____, while numbing only part of a patient is
2
called _____. In a _____, members
13 8 10 5
pay a monthly fee for medical care when needed. _____ is the treatment of disease by cutting the body and
16 3
removing or repairing the damaged tissue. Surgery that is not urgent is called _____.
15 9 18
Before undergoing any surgery, the patient or his authorized representative must sign a _____
4
_____. Although the consumer may have chosen a _____ surgeon, a _____ may
11 20 14 6
actually perform the operation in a teaching hospital. Before making a _____ to have surgery, the consumer
22
must _____ the complications and _____ of the operation against the expected _____.
21 19 17

22

93

PREVENTIVE MEDICINE ?!?

1. Who conducted the study on which this article is based?

2. What "fear" do women have that keeps them from going to doctors?

3. Besides "fear" and "cost", what 2 other reasons are mentioned for women not getting proper health care?

4. What areas of health care are of most concern to women?

5. Is there anything keeping YOU from going to a doctor--even when you are sick? If so, what can you do to overcome your problem?

Study Shows . . .

Cost & Fear Are Main Reasons Women Avoid Going to Doctors

The cost of preventive health care and the fear of finding something wrong are two of the major factors why women often avoid going to doctors.

That's the finding of a study by Blue Cross of Greater Philadelphia and the Pennsylvania Blue Shield.

Some of the women interviewed in the study said they don't go to the doctor "unless I ache." That attitude, Blue Cross officials concluded, "may be due to fear or embarrassment or to the fact that some women find it difficult to justify the expense."

Other deterrents to proper health care, according to the study, were women's ignorance of general health care matters and apathy.

The study also found that the medical areas of greatest concern to women are gynecological problems, high blood pressure, weight control and nutritional problems.

Why Doctors Run & Hide From Medical Emergencies

By EIRIK KNUTZEN

Doctors are literally running and hiding from life-threatening medical emergencies -- because they fear they'll be hit with whopping malpractice suits, says a prominent surgeon.

"Doctors simply vanish or become unavailable when fearful they may be called to assist in a medical emergency," declared Dr. Sanders T. Frank, associate professor of clinical medicine at the University of Southern California.

"Many physicians -- who have already tangled with unscrupulous malpractice lawyers -- would rather desert their principles than be named in another malpractice suit."

He claimed fewer doctors than ever now respond to hospital "Code Blue" calls -- the signal for a cardiac or respiratory arrest.

"There was a time when you had to make rules as to who would stay at the emergency scene because it got so crowded," said Dr. Frank. "People would come out of the woodwork, all willing to help.

"But now, 'Code Blue' sometimes means being paged an embarrassingly long time. After a while doctors show up, but they may not be the ones most suited for the emergency. The nurses are there because they don't get sued -- there's no money in it."

Dr. Frank cited one example of a physician who was hit with a malpractice suit after a patient died -- even though he was entirely blameless.

"A friend of mine once read a cardiogram for another doctor, and said the patient's cardiogram was normal. The other doctor then let the patient go home, where he died.

"The patient's cardiogram was later reinterpreted by several experts and also considered normal. But it cost my friend $12,500.

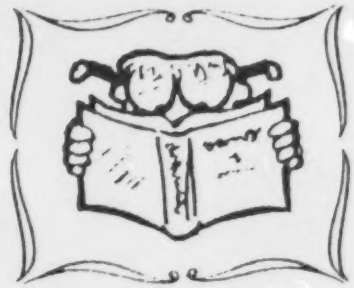
"He was not to blame, but his insurance company said it would cost $35,000 to go to court, even though he would be found innocent. He was told he'd be a fool to give up three weeks of practice or longer to sit in court.

"Misdiagnosis does happen. I hurt my foot last year and was in pain for three months. I later found that the foot was fractured -- not at all what other doctors had first diagnosed the problem as.

"But it never occurred to me to sue anybody, because it was very easy to miss this kind of fracture." Dr. Frank added that the blizzard of huge malpractice suits is getting worse every year.

"The climate is right for people who want something for nothing. These problems will persist until the public wakes up and begins an active search for remedies to the current epidemic of litigation.

"Until then, the man who could save your life may be hiding in the men's room."



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1. Who is making the charge that doctors "run and hide" from emergencies? Does the article mention anyone else who also makes this claim? Do you think this claim is valid?

2. According to this doctor, why are other doctors avoiding giving service during an emergency?

3. How does this doctor feel about malpractice suits?

4. One man's charges should be investigated further. How would YOU either prove or disprove what this doctor claims?

Millions of X-Rays Unneeded

Thousands A Year Killed By Faulty Prescriptions

16,000 KILLED EACH YEAR IN UNNECESSARY SURGERY

U.S. - Little Influence On How Doctors Practice

Incompetent Surgery Is Found Not Isolated

Cancer Institute Under Fire

HOUSE FINDS MEDICAID PATIENTS HAVE 2½ TIMES AS MANY OPERATIONS AS GENERAL POPULATION

WARNING: MEDICAL DOCTORS MAY BE DANGEROUS TO YOUR HEALTH

Few Doctors Ever Report Colleague's Incompetence

DISCUSSION QUESTIONS

1. What is your initial reaction to the headlines? Do you believe them? Do they scare you?

2. The headlines imply that many operations are unnecessary. Do you feel this is correct? Do you personally know anyone who elected to undergo surgery rather than another medical treatment for his particular condition?

3. How could individuals be killed by faulty prescriptions? Who might be responsible--the doctor prescribing the medication, the druggist selling it, or the drug company manufacturing it?

4. The headline--U.S. Has Little Influence On How Doctors Practice--implies there is little government control of physicians. How do you feel about this? Should there be strict government controls--or should the consumers be the controlling faction?

5. What about incompetent doctors? We all know that doctors will make occasional mistakes, but what happens to doctors who make several drastic mistakes? Do other doctors try to remove the incompetent doctors from practicing medicine? Should they?

6. We have all seen headlines describing operations in which the surgeon left scissors, towels, etc., inside the patient. Are these simply isolated cases sensationalized in the newspapers? Is there any value to the consumer in knowing about such cases?

7. One headline indicates Medicaid patients have more than twice as many operations as the general population. What are some reasons this may be true?

DEFENSIVE MEDICINE

About 75% of the physicians in America, claims an American Medical Association poll, are currently practicing "defensive medicine."

That's the name given to the practice of ordering extra tests and procedures for patients in order to protect the doctor against a potential malpractice suit.

The result is that medical bills are going sky-high.

More than 90% of the doctors who responded to the AMA poll indicated that they are far more conscious of potential malpractice suits today than they were in the past. As a result, a sizable number of doctors are ordering X-rays, lab work-ups, and other extra tests.

One patient in Los Angeles who complained of headaches was thoroughly examined by her physician for $125, ordered to take a brain scan for $340, an electroencephalogram for $80, skull X-rays for $100, and a battery of lab tests that cost $200.

Not only are patients paying more for tests, but three out of five doctors, according to the American Medical News, admit they had raised their own fees in 1975 because of larger malpractice insurance premiums.

Just how and where this vicious cycle will break, no one seems to know.

1. What percent of the physicians in America are currently practicing "defensive medicine?'

2. What is "defensive medicine"?

3. Why do doctors practice "defensive medicine"?

4. What is a negative result of "defensive medicine" to the consumer?

5. When could "defensive medicine" prove really valuable to us, the consumers?

MEDICAL HUMOR

PATIENT: I'm scared. This will be my first operation.
DOCTOR: I know just how you feel. This is my first operation, too.

"You say this doctor has a large practice?" . . . "Yes, it's so large that when a patient has nothing the matter with him, he tells him so!"

"WHAT'S THE BIG IDEA TAKING OUT YOUR OWN APPENDIX?"

"Doc, I just dropped in to tell you how much your treatments helped me."
"But you're not a patient of mine," answered the doctor.
"I know, but my uncle was, and I am his heir."

NERVOUS PATIENT: Doctor, I often feel like killing myself. What shall I do?
DOCTOR: Leave it to me.

WONDER DRUG: A medicine that makes you wonder whether you can afford to get sick these days!

"Now frankly," warned the doctor. I must inform you that this is a very serious operation. Four out of five patients do not survive. Is there anything I can do for you before I begin?"
"Yes," answered the patient, "help me on with my pants!"

A doctor called on a patient several times, but the patient was unhappy. On the last visit he announced that he'd called in another doctor. "And what's more," said the patient, "he told me your diagnosis is all wrong."
"Is that so?" snapped the doctor. "Well, the autopsy will show who is right!"

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SAY AHH!

MATCH BY PLACING THE NUMBER OF THE CORRECT DEFINITION ON THE BLANK BEFORE THE TERM. (ANSWERS FOR DEFINITIONS 1-29 ARE ON THIS PAGE.)

_____ ARTIFICIAL RESPIRATION
_____ DENTIST
_____ C.P.R.
_____ ACCREDITATION
_____ DEFENSIVE MEDICINE
_____ LICENSE
_____ OVER-THE-COUNTER DRUGS
_____ PODIATRIST
_____ INTERNIST
_____ MORTALITY RATE
_____ OPTOMETRIST
_____ BILL OF RIGHTS
_____ PEDIATRICIAN
_____ QUACK
_____ SPECIALIST
_____ PREVENTIVE MEDICINE
_____ INCOMPETENT
_____ PSYCHOLOGIST
_____ 911
_____ HYPERTENSION
_____ LIFE EXPECTANCY
_____ PREPAID GROUP PRACTICE
_____ FELLOW
_____ OPHTHALMOLOGIST
_____ SURGICAL CONSENT FORM
_____ CHIROPRACTOR
_____ INTERNSHIP
_____ COMPLICATIONS
_____ DIAGNOSIS

1. MEDICATIONS WHICH A CONSUMER CAN PURCHASE WITHOUT A DOCTOR'S PRESCRIPTION; USUALLY LACK THE POTENCY OF PRESCRIPTION DRUGS
2. A DOCTOR WHO LIMITS HIS PRACTICE OF MEDICINE TO A PARTICULAR AREA
3. THE POLICE EMERGENCY PHONE NUMBER WHICH, IN MANY AREAS OF THE COUNTRY, IS THE NUMBER TO CALL WHEN EMERGENCY POLICE OR RESCUE HELP IS NEEDED
4. A METHOD BY WHICH A RESCUER LITERALLY BREATHES FOR A VICTIM BY BLOWING AIR THROUGH HIS MOUTH INTO HIS LUNGS
5. THE AVERAGE NUMBER OF YEARS THAT A PERSON IS EXPECTED TO LIVE
6. SOMEONE WHO POSES AS A DOCTOR OR HEALTH-CARE SPECIALIST AND MISLEADS OR DEFRAUDS CONSUMERS WITH PHONY OR HARMFUL CARE
7. THE PERMISSION GRANTED BY A STATE TO A DOCTOR OR OTHER HEALTH-CARE SPECIALIST TO PRACTICE HIS PROFESSION IN THAT STATE
8. TAKING STEPS TO PROMOTE GOOD HEALTH; STEPS INCLUDE PROPER DIET, EXERCISE, AND REGULAR CHECKUPS
9. A HEALTH-CARE SPECIALIST WHO MAINTAINS AND IMPROVES THE HEALTH OF TEETH AND RELATED STRUCTURES
10. NUMBER OF DEATHS IN A SAMPLE GROUP OF THE POPULATION
11. A M.D. WHO IS A SPECIALIST IN THE CARE OF THE EYES
12. A DOCTOR'S FIRST YEAR OF PRACTICAL TRAINING AFTER COMPLETING MEDICAL SCHOOL AND BEFORE ANY SPECIALTY TRAINING
13. A TYPE OF MEDICAL PRACTICE REQUIRING PATIENTS TO PAY A CERTAIN AMOUNT FOR MEDICAL CARE ON A REGULAR BASIS, WHETHER SICK OR NOT; TOTAL MEDICAL CARE IS THEN PROVIDED WHEN NEEDED
14. LACKING ADEQUATE ABILITY, KNOWLEDGE, OR FITNESS
15. UNEXPECTED MEDICAL PROBLEMS WHICH ARISE DURING THE TREATMENT OF ANOTHER DISEASE
16. ABNORMALLY HIGH BLOOD PRESSURE
17. A HEALTH-CARE SPECIALIST WHO IS CONCERNED WITH THE DIAGNOSIS, TREATMENT, AND PREVENTION OF ABNORMAL CONDITIONS OF THE FEET
18. A HEALTH-CARE SPECIALIST WHO PRESCRIBES GLASSES OR CONTACT LENSES AND CHECKS THE EYES FOR VISION PROBLEMS
19. CARDIO PULMONARY RESUSCITATION; A METHOD FOR INSURING THE CONTINUED CIRCULATION AND RESPIRATION OF A VICTIM IN WHOM THESE SYSTEMS HAVE FAILED
20. THE TERM GIVEN TO A DOCTOR WHO HAS MET THE EXTRA REQUIREMENTS OF A SPECIALTY SET BY A PARTICULAR COLLEGE
21. A PERSON WITH SPECIAL TRAINING IN HUMAN BEHAVIOR, BOTH NORMAL AND ABNORMAL
22. THE LEGAL AGREEMENT WHICH A PATIENT OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BEFORE SURGERY CAN BE PERFORMED
23. A M.D. WHO HAS LIMITED HIS MEDICAL PRACTICE TO CHILDREN FROM BIRTH THROUGH ADOLESCENCE
24. A LIST OF HOSPITAL PATIENTS' RIGHTS AS ESTABLISHED BY THE AMERICAN HOSPITAL ASSOCIATION
25. A HEALTH-CARE SPECIALIST WHO TREATS PATIENTS PRIMARILY BY USING HIS HANDS TO MANIPULATE PARTS OF THE BODY
26. A VERY CAUTIOUS METHOD OF TREATMENT TO CONFIRM A DIAGNOSIS; OFTEN INVOLVING EXTRA LAB TESTS AND CONSULTATIONS WITH OTHER DOCTORS
27. ACT OF DECIDING THE TYPE OF ILLNESS OR AILMENT BY CAREFULLY EXAMINING ALL THE KNOWN FACTS
28. A M.D. WITH CONCENTRATED TRAINING IN THE BROAD AREA OF INTERNAL MEDICINE
29. THE STATUS A HOSPITAL RECEIVES AFTER IT HAS MET THE MINIMUM STANDARDS FOR QUALITY OF PATIENT CARE AND SERVICES SET BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

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(ANSWERS FOR DEFINITIONS 30-60 ARE ON THIS PAGE.)

_____ REGULARITY

_____ A.M.A.

_____ COLLEGE

_____ HOSPITALIZATION

_____ OSTEOPATH

_____ PSYCHOANALYST

_____ PANDEMIC

_____ ARTIFICIAL CIRCULATION

_____ CREDENTIALS

_____ SYMPTOM

_____ GROUP PRACTICE

_____ GENERAL PRACTITIONER

_____ LOCAL ANESTHESIA

_____ MALIGNANT

_____ BOARD-ELIGIBLE

_____ INTENSIVE CARE UNIT

_____ OPTICIAN

_____ RESIDENCY

_____ BOARD-CERTIFIED

_____ GENERAL ANESTHESIA

_____ GHOST SURGEONS

_____ SURGERY

_____ CONSULTANT

_____ ACUPUNCTURIST

_____ BEDSIDE MANNER

_____ MALPRACTICE

_____ H.M.O.

_____ AUTOPSY

_____ COLLEAGUE

_____ ELECTIVE SURGERY

_____ LIFE STYLE

30. FACTS ABOUT A DOCTOR'S BACKGROUND, EXPERIENCES, AND TRAINING

31. A M.D. WITH TRAINING IN HANDLING MENTAL PROBLEMS WITH SPECIAL TREATMENT TECHNIQUES; ALSO CALLED A PSYCHIATRIST

32. SURGEONS IN TRAINING WHO OPERATE ON PATIENTS WHO BELIEVE A MORE EXPERIENCED DOCTOR IS ACTUALLY PERFORMING THE SURGERY

33. VERY HARMFUL OR DANGEROUS; LIKELY TO CAUSE DEATH

34. A PERSON WHO PRACTICES THE TRADE OF PREPARING, FITTING, AND SELLING GLASSES PRESCRIBED BY OTHER HEALTH-CARE SPECIALISTS

35. A LOSS OF ALL SENSATION IN ONLY A CERTAIN AREA OF THE BODY CAUSED BY A DRUG OR CHEMICAL GIVEN TO THE PATIENT; PATIENT STAYS AWAKE

36. A SPECIAL SERVICE UNIT PROVIDED BY MANY HOSPITALS FOR SERIOUSLY ILL PATIENTS WHERE SPECIALLY TRAINED NURSES AND SPECIAL EQUIPMENT CONSTANTLY MONITOR A PATIENT'S CONDITION; ALSO KNOWN AS I.C.U.

37. A HEALTH-CARE SPECIALIST WITH A D.O DEGREE WHO DIAGNOSES AND TREATS DISEASES

38. A DOCTOR OR HEALTH-CARE PROFESSIONAL WHO GIVES A SECOND OPINION ON A PARTICULAR CASE

39. A DOCTOR'S BEHAVIOR AND PERSONALITY WHEN TREATING A PATIENT

40. THE PERIOD OF TIME A PATIENT SPENDS IN A HOSPITAL FOR SURGERY, TESTS, RECUPERATION, ETC.

41. HEALTH MAINTENANCE ORGANIZATION; MEMBERS PAY A MONTHLY FEE FOR WHICH THEY RECEIVE MEDICAL CARE AS NEEDED

42. A METHOD BY WHICH A RESCUER USES EXTERNAL HAND MASSAGE OF A VICTIM'S HEART TO KEEP BLOOD FLOWING THROUGH HIS BODY

43. A M.D. (DOCTOR OF MEDICINE) WHO HAS NOT LIMITED HIS PRACTICE TO A PARTICULAR AREA OF CONCERN

44. A TOTAL LOSS OF THE SENSE OF PAIN, TEMPERATURE, TOUCH, ETC., CAUSED BY A GAS OR CHEMICAL GIVEN TO A PATIENT; ALSO CALLED PUTTING THE PATIENT "TO SLEEP"

45. THE TREATMENT OF DISEASE OR INJURY BY CUTTING OR REMOVAL OF DISEASED OR DAMAGED TISSUE

46. A DISEASE WHICH IS UNIVERSAL, OR FOUND OVER A WHOLE AREA

47. A PERSON WITH SPECIALIZED TRAINING IN RELIEVING PAIN AND TREATING DISEASE BY INSERTING FINE NEEDLES INTO VARIOUS POINTS OF THE BODY

48. ANY CONDITION THAT COMES WITH, OR RESULTS FROM, A DISEASE AND SERVES AS AN AID IN DIAGNOSIS

49. AN EXAMINATION OF A DEAD PERSON TO DISCOVER THE CAUSE OF DEATH

50. THE TERM GIVEN TO A DOCTOR WHEN HE HAS COMPLETED SPECIALTY TRAINING AND PASSED AN EXAMINATION GIVEN BY ONE OF THE AMERICAN BOARDS OF MEDICAL SPECIALTIES

51. A FELLOW WORKER IN THE SAME PROFESSION

52. INJURIOUS TREATMENT OR OBVIOUS NEGLECT OF A PATIENT BY A PHYSICIAN OR SURGEON

53. A DOCTOR'S SPECIALTY TRAINING AFTER COMPLETING HIS INTERNSHIP; GENERALLY LASTS FROM 2 TO 5 YEARS AND USUALLY TAKES PLACE IN A HOSPITAL

54. THE AMERICAN MEDICAL ASSOCIATION

55. THE CHOICE OF SURGERY MADE BY A PATIENT GENERALLY FOR CONDITIONS THAT ARE NOT LIFE-THREATENING

56. THE TERM GIVEN TO A DOCTOR WHEN HE HAS COMPLETED THE TRAINING REQUIREMENTS OF A SPECIALTY BUT HAS NOT TAKEN OR PASSED THE CERTIFICATION EXAM GIVEN BY ONE OF THE AMERICAN BOARDS OF MEDICAL SPECIALTIES

57. DOCTORS WHO PRACTICE TOGETHER IN THE SAME WORK ENVIRONMENT, SHARING FACILITIES AND EXPENSES; MAY OR MAY NOT PRACTICE THE SAME SPECIALTY

58. A GROUP INTERESTED IN CONTINUING EDUCATION IN A PARTICULAR SPECIALTY

59. THE MANNER IN WHICH AN INDIVIDUAL LIVES; INCLUDES HOME AND WORK ENVIRONMENT, DIETARY HABITS, EXERCISE, RECREATIONAL PATTERNS, ETC.

60. THE NORMAL BOWEL MOVEMENT BEHAVIOR OF AN INDIVIDUAL

Say Ahh!

NOW THAT YOU HAVE COMPLETED THE ACTIVITIES IN THE MEDICAL CARE PAL, YOU SHOULD BE ABLE TO:

1. Identify problems in U.S. medical care.
2. Define malpractice.
3. Define defensive medicine.
4. Recognize appropriate methods for selecting a doctor.
5. Identify inappropriate reasons for selecting a particular doctor.
6. Recognize the size of the hospital with the highest death rate.
7. Identify the type of doctor with the best practice record.
8. Recognize the aspect of a doctor's training that best determines his quality.
9. Identify characteristics of chief residents.
10. Recognize the aspect of a doctor's credentials that best determines his quality.
11. Identify the specialist who would be a good family doctor.
12. Identify the specialist who would be a good children's doctor.
13. Describe the American Medical Directory
14. Define Quack.
15. Identify sound medical procedures.
16. Define Chiropractor.
17. Define Opthomologist.
18. Define Psychiatrist.
19. Recognize reasons for selecting a particular hospital.
20. Identify the rights of a patient.
21. Recognize factors contributing to the high cost of hospitalization.
22. Identify the most common type of surgery.
23. Define general anesthesia.
24. Recognize side effects of anesthesia.
25. Define ghost surgery.
26. Define HMO.
27. Recognize the importance of bodily changes.
28. Define CPR.

film guide:

HEALTH CARE OR QUACKERY: HOW CAN YOU TELL?

This film will acquaint you with common types of health quackery. Notice ways you can protect yourself from becoming a victim of quacks and their devices and obtain genuine health information.

As you watch this film, or when it is completed, answer the following questions:

1. Why is quackery so widespread today?

2. What advertisements have you seen that may promote quackery?

3. What are some of the common forms of quackery?

4. What is the biggest danger with health quackery?

5. What are some of the telltale signs of the quack?

6. What can you do if you think you're dealing with a quack?

7. How can you go about getting reliable health care information?

film guide: *Over - the - counter Pills and Promises*

Three and a half billion dollars are spent every year for thousands of different over-the-counter medicines... medicines designed to treat all kinds of ailments. Unfortunately, there's a lot of confusion about which are the best buy and how to get the most for your money. Notice that highly advertised over-the-counter medicines may not offer the best values. Less expensive brands and "home remedies" are often just as effective.

As you watch this film, or when it is completed, answer the following questions:

1. What government agency is responsible for the safety of all non-prescription drugs?

2. Are there any over-the-counter remedies that can cure the common cold? What "home remedies" does the film suggest to relieve cold symptoms?

3. What are antacids? What baking ingredient is commonly used in antacids?

4. What is generally regarded as the best pain reliever for the money?

5. How effective are over-the-counter sleeping aids?

6. What ingredient is commonly used in pills designed to keep you awake? Is there an effective "home remedy"?

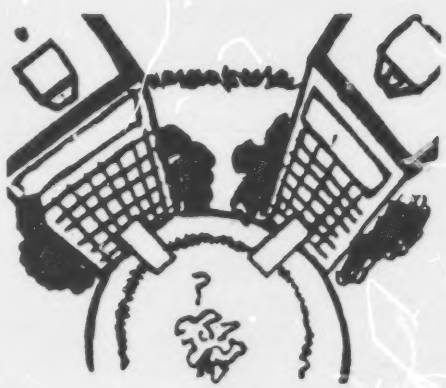
HOW TO CHOOSE A DOCTOR

Call a medical school or hospital .

Ask 'nitty-gritty' questions first.

Check doctors' credentials.

Consider a group practice.



Find out a doctor's hospital privileges.

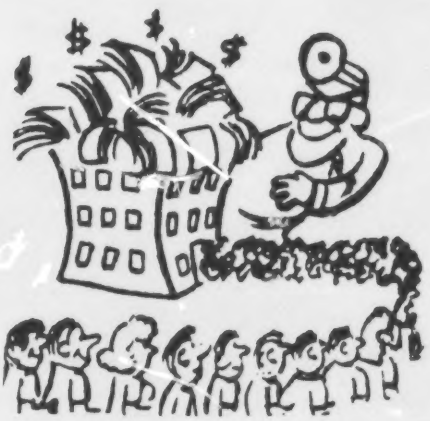
Check with local public interest groups.

HOW NOT TO CHOOSE A DOCTOR

Don't wait until you are sick.

Do not rely only on the advice of friends.

Don't head for a specialist first.



Avoid doctors with staff privileges only at small, private hospitals.

Do not choose a doctor just because he's famous.

Don't find your doctor in the yellow pages.

FRAGMENTATION

Transparency Master #4
Medical Care

IS YOUR DOCTOR QUALIFIED?

1 Training . . .

med school - internship - residency

2 Age . . .

3 Practice Environment . . .

4 Continuing Education . . .

5 Credentials . . .

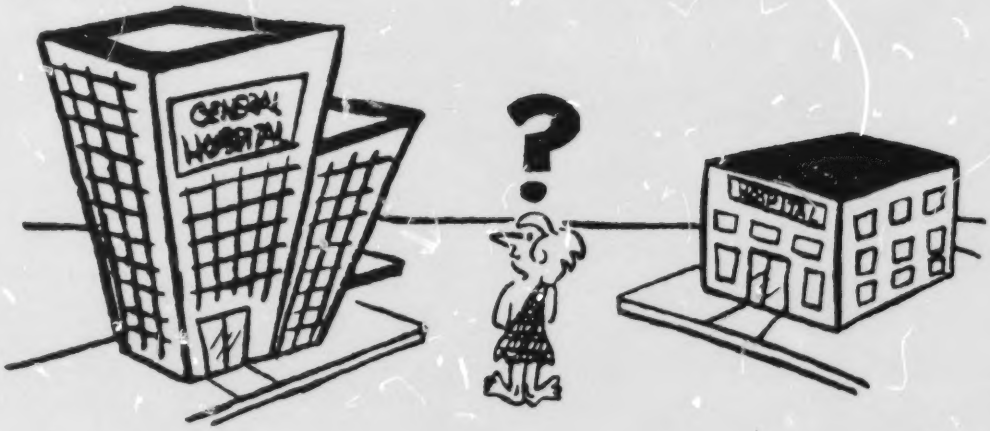
M.D. degree - state license - hospital appointment - specialty

How to spot a quack

SELF-STYLED MEDICAL EXPERTS AND QUACKS MAY:

1. "Guarantee" a quick "cure."
2. Use a "special" or "secret" machine, drug, or formula.
3. Sell the "cure" through the mail or door-to-door.
4. Use case histories and testimonials to promote the cure.
5. Tell you that X-rays and surgery do more harm than good.
6. Ask you to sign a contract.
7. Claim persecution by organized medicine.
8. Seek publicity and recognition for "cures."
9. Not have medical degrees or licenses to practice in your state.

Hospitals aren't all alike



They differ in...

ownership

accreditation

costs

size

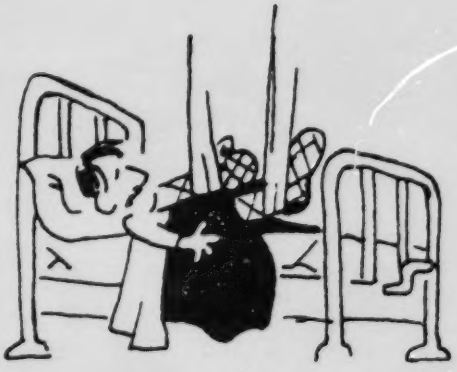
services

112

SURGICAL RISKS

COMPLICATIONS

ANESTHESIA



MISTAKES

Transparency Master #7
Medical Care

LOOKING FOR CHANGE

change in body senses

change in limb color

change in tissue or organ appearance

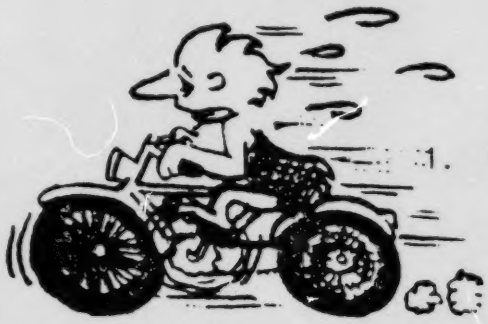
change in routine body functions

Transparency Master #8
Medical Care

HELP!!

SPEED

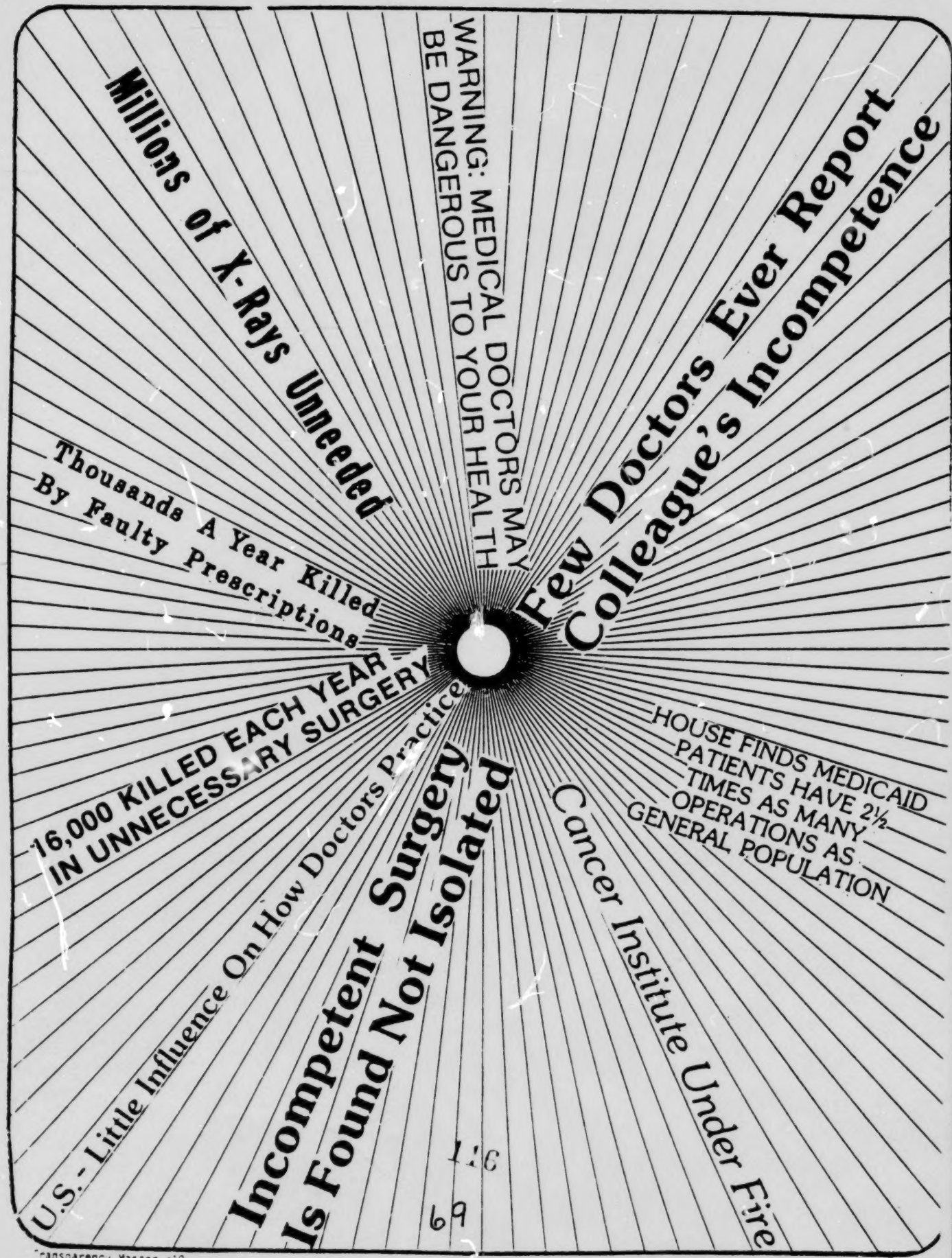
SAVES LIVES

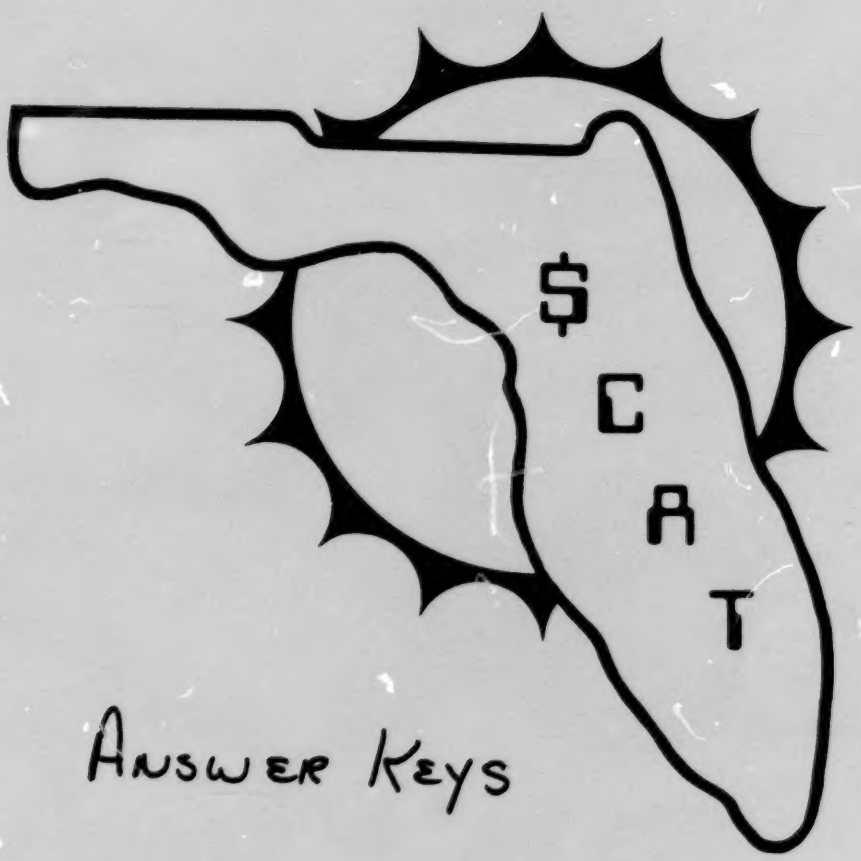


1. Know where emergency rooms are located.

2. Have emergency phone numbers handy.

3. Learn about CPR and other life-saving aids.


Millions of X-Rays Unneeded
Thousands A Year Killed By Faulty Prescriptions
16,000 KILLED EACH YEAR IN UNNECESSARY SURGERY
U.S. - Little Influence On How Doctors Practice
Incompetent Surgery Is Found Not Isolated
Cancer Institute Under Fire
HOUSE FINDS MEDICAID PATIENTS HAVE 2½ TIMES AS MANY OPERATIONS AS GENERAL POPULATION
Few Doctors Ever Report Colleague's Incompetence
WARNING: MEDICAL DOCTORS MAY BE DANGEROUS TO YOUR HEALTH



Answer Keys

CLASSROOM TEACHERS ARE AUTHORIZED TO REPRODUCE THIS ORIGINAL COPY FOR USE IN THEIR CLASSROOMS.

NAME _____

CLASS _____

DATE _____

Say Ahh!

1	Ⓐ	Ⓑ	Ⓒ	●	15	Ⓐ	Ⓑ	●	Ⓓ
2	Ⓐ	●	Ⓒ	Ⓓ	16	Ⓐ	Ⓑ	Ⓒ	●
3	Ⓐ	Ⓑ	●	Ⓓ	17	●	Ⓑ	Ⓒ	Ⓓ
4	Ⓐ	●	Ⓒ	Ⓓ	18	Ⓐ	●	Ⓒ	Ⓓ
5	Ⓐ	Ⓑ	●	Ⓓ	19	Ⓐ	Ⓑ	●	Ⓓ
6	Ⓐ	Ⓑ	Ⓒ	●	20	●	Ⓑ	Ⓒ	Ⓓ
7	●	Ⓑ	Ⓒ	Ⓓ	21	Ⓐ	Ⓑ	Ⓒ	●
8	Ⓐ	●	Ⓒ	Ⓓ	22	Ⓐ	Ⓑ	●	Ⓓ
9	Ⓐ	Ⓑ	●	Ⓓ	23	●	Ⓑ	Ⓒ	Ⓓ
10	Ⓐ	Ⓑ	●	Ⓓ	24	Ⓐ	●	Ⓒ	Ⓓ
11	Ⓐ	Ⓑ	Ⓒ	●	25	Ⓐ	Ⓑ	Ⓒ	●
12	Ⓐ	Ⓑ	●	Ⓓ	26	Ⓐ	Ⓑ	●	Ⓓ
13	Ⓐ	●	Ⓒ	Ⓓ	27	Ⓐ	●	Ⓒ	Ⓓ
14	●	Ⓑ	Ⓒ	Ⓓ	28	Ⓐ	Ⓑ	Ⓒ	●

What kind of health care consumer are you?

DO THESE STATEMENTS DESCRIBE YOU AS A HEALTH CARE CONSUMER? CHECK "YES" OR "NO" FOR EACH.

YES	NO		
ANSWERS		1.	Staying healthy means a lot to me.
WILL		2.	I try to stay healthy by eating a balanced diet, getting enough sleep, and exercising.
VARY		3.	I believe that swallowing a vitamin pill each morning keeps me healthy.
		4.	I immediately call my doctor whenever I feel bad.
		5.	If I'm sick, I will most likely try a "home remedy" before calling my doctor--I'll call then only if I'm really bad.
		6.	When I'm sick, I do nothing and hope I'll get well quickly.
		7.	I usually ask my friends for advice on medical problems.
		8.	I know what to do and how to get help in a medical emergency.
		9.	I'm a health "nut." I spend a lot of money on my health.
		10.	I spend as little as possible on my health.
		11.	I worry about how expensive health care might be in the future.
		12.	I rely totally on my parents to make decisions concerning my health.
		13.	Advertising influences my choice of health care products.
		14.	It doesn't make sense to "comparison shop" for doctors or health care products.
		15.	"You get what you pay for." The most expensive health care products and services usually are the best.
		16.	I buy only over-the-counter medicines that I've seen advertised--the "name-brand" ones.
		17.	I think it's fun to try out new health care products.
		18.	I carefully read the labels and instructions before buying and using health care products.
		19.	I know how to evaluate the quality of a health care product or service.
		20.	If I am not satisfied with a health care product or service, I do something about it. I know where and how to complain.

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In Illinois State Mental Hospitals . . .

157 Doctors Ordered to Take Competency Test and Not One Passes

Of 157 doctors practicing in Illinois state mental hospitals who were ordered to take a short competency test — 127 flunked, one failed to turn in his paper and 29 didn't even show up.

"With a few exceptions, the 157 people involved are foreign born and foreign trained," said Tom Gradel, public information officer in State Registration and Education Dept.

"These limited license physicians have never been licensed in any state in the U.S., and most of them have not even been licensed in foreign countries. They are allowed to practice medicine in all its branches here, but only in state mental hospitals. They represent about half the doctors in the system."

And Illinois isn't the only state with such a setup.

"We are one of about 14 states that have permit and limited license physicians," said Dr. Robert deVito, Illinois mental health director.

The doctors' abysmal showing on the competency test hit Illinois like a bombshell.

"It was a surprise," said Dr. deVito. "Thirty of those involved were practicing as psychiatrists, the rest were doing general medicine work. They are expected to do all the things that a fully licensed physician does.

"After the examination (given in December), they were reassigned to duties other than direct patient care. But emergency legislation has now been passed, and they have gone back to their normal duties as regular physicians.

"We have until March 1, 1978 . . . to replace the permit system with fully licensed doctors. The permit and limited license doctors will have to pass examinations to upgrade themselves or they'll be fired."

The examination the doctors failed "was made up of a specially selected group of questions taken from prior examinations in which 32 percent of the people who had answered those questions did so correctly," said Dr. Joseph H. Skom, president of the Illinois State Medical Society.

Dr. Skom, who is opposed to allowing limited license physicians to practice, told The ENQUIRER: "It is morally wrong to say: 'We have second-class citizens as patients in state mental hospitals, therefore we will have a group of doctors who are unable to meet the requirements to practice medicine on everyone and let them take care of these patients.'"

— MALCOLM BALFOUR

THINK ABOUT IT:

1. HOW DO YOU FEEL ABOUT THIS ARTICLE? DO YOU BELIEVE EVERYTHING IN IT?
   ANSWERS WILL VARY.
2. WHAT ARE SOME PROBLEMS IN THE LICENSING OF DOCTORS?
   ANSWERS WILL VARY.
3. WHY ARE SO MANY DOCTOR'S POSITIONS IN THIS COUNTRY FILLED BY FOREIGN-BORN OR FOREIGN-TRAINED PHYSICIANS?
   ANSWERS WILL VARY.
4. WHAT ARE THE CRITERIA FOR LICENSING DOCTORS IN YOUR STATE? DO THEY HAVE TO PASS EXAMINATIONS? DO THEY HAVE TO TAKE ADDITIONAL COURSES TO RENEW THEIR LICENSES?
   ANSWERS WILL VARY.
5. WHAT KIND OF REQUIREMENTS <u>SHOULD</u> THERE BE FOR THE LICENSING OF DOCTORS?
   ANSWERS WILL VARY.

Wealthy Doctor Who's Practiced for 23 Years Is Charged With Using Phony Documents to Get Medical License

A wealthy Georgia physician — known as "Hanging Ben" because he was so tough on other doctors — has been suspended from his state's medical licensing board on charges that he used phony documents to obtain his medical license.

Dr. Benjamin Hill Jenkins Jr. "was given a Georgia license on the basis of falsified credentials" that included credits from medical schools he never attended, said a spokesman for the American Medical Assn. (AMA)

A thriving practice and business interests have enabled Dr. Jenkins to invest in a $5 million condominium in Mexico, drive a Rolls-Royce, and own a private three-acre lake.

"No one could ever say he's hurting for money," declared Cecil Clifton, executive director of the Georgia Board of Medical Examiners.

Dr. Jenkins served on the board for 12 years, until his suspension by fellow members last May. The 54-year-old eye, ear, nose and throat specialist is continuing to practice at his offices in Newnan, Ga., while the board studies possible revocation of his license.

"I am a damn good doctor," asserted Dr. Jenkins, who was twice president of his county's medical society.

Dr. Jenkins' patients seem quite content with him, agreed other physicians in Newnan.

"I've known a good number of people who continue to go to Ben and are perfectly satisfied," said Dr. N.B. Glover, a pediatrician. And, said Dr. Lewis Collins, an internist: "Ben has some very dedicated patients who stick with him."

During his service on the board, Dr. Jenkins was known as "Hanging Ben" because he was so tough on doctors. Dr. Jenkins' toughness was what led to his current problems.

Dr. B.H. JENKINS Jr.
"I am a damn good doctor."

John Daniel, a Georgia farm supply salesman, got mad when the board revoked the license of Daniel's own doctor. Since Dr. Jenkins was the "star witness against my doctor, we decided to look into his background," Daniel said.

The investigation showed that Dr. Jenkins was granted his medical license in 1953 on the basis of a medical degree from the University of Nuevo Leon in Mexico. He did spend a year at the school and did get a degree there in 1950. However, the AMA said, the Mexican university had been fooled into accepting credits from medical schools in the United States that Dr. Jenkins had never attended.

For example, the AMA said, Dr. Jenkins' Mexican file included a transcript claiming he had graduated with excellent grades from the University of Kansas Medical School. But "the transcript is a complete fake," the university said in a letter to the AMA, adding that Dr. Jenkins had never attended its medical school.

Dr. Jenkins' file also included a diploma from an unaccredited Kansas City diploma mill, the AMA said. Dr. Jenkins admitted the diploma is "not worth the paper it's printed on," but insisted an investigation would show his Mexican degree was valid.

— PHILIP V. BRENNAN Jr.

1. ARTICLES SUCH AS THIS SOMETIMES APPEAR IN NEWSPAPERS. ALTHOUGH THE STYLE OF WRITING MAY BE "SENSATIONAL," THE ARTICLE DOES SHOW THAT THERE CAN BE PROBLEMS IN THE LICENSING OF DOCTORS. WHAT PROBLEMS ARE REVEALED IN THIS ARTICLE?

   ANSWERS WILL VARY.

2. WHAT KIND OF REQUIREMENTS SHOULD THERE BE FOR THE LICENSING OF DOCTORS?

   ANSWERS WILL VARY.

3. SHOULD THERE BE ANY KIND OF "CHECK-UP" TO SEE HOW WELL A DOCTOR TREATS HIS PATIENTS AFTER A LICENSE HAS BEEN GRANTED?

   ANSWERS WILL VARY.

4. HAVE YOU EVER REALLY THOUGHT ABOUT THIS? HAVE YOU EVER CHECKED YOUR DOCTOR'S CREDENTIALS?

   ANSWERS WILL VARY.

BEST COPY AVAILABLE

WHO'S A QUACK?

CIRCLE THE ANSWER WHICH BEST COMPLETES EACH STATEMENT.

1. A doctor says: "Any one of my patients will be happy to explain how I've cured them when no other doctor could. If you wish, I can show you what hundreds of patients have written praising my methods." This doctor sounds like:

   A. a good doctor (B.) a quack

2. A doctor says: "I'm going to try a shot of penicillin, Mr. Smith. This ought to clear up your infection in a day or two. Call me the day after tomorrow if you aren't better by then." This doctor sounds like:

   (A.) a good doctor B. a quack

3. A doctor says: "My Marveltone machine reads body electricity and cures any disease by restoring the balance between positive and negative electric charges in the body. Cancer, heart trouble, TB, epilepsy, and diabetes are just a few of the diseases this machine has cured." This doctor sounds like:

   A. a good doctor (B.) a quack

4. A doctor says: "The medicine I will give you will help stop the pain. This drug won't cure you, but it will make you feel better." This doctor sounds like:

   (A.) a good doctor B. a quack

5. A doctor says: "The American Medical Association doctors are jealous because none of them discovered the healing powers of this treatment. They know that these injections are a major breakthrough in treating disease, but they're afraid that my methods will prove that they're all crooks." This doctor sounds like:

   A. a good doctor (B.) a quack

6. A doctor says: "It's a good thing you came to me, Mrs. Miller. These Vita-pills will surely increase your bust size by at least 4 inches." This doctor sounds like:

   A. a good doctor (B.) a quack

7. A doctor says: "These electrodes I am attaching to your skin are attached to a machine which will measure your heart activity. This machine is not a cure or a treatment but simply one of several ways I will gather information about your condition before I make a diagnosis and prescribe a treatment." This doctor sounds like:

   (A.) a good doctor B. a quack

Your health

Nutrition splits doc, patient

By Lester L. Coleman, M.D.

My admiration for my doctor is limitless. The only time we seriously disagree is when the subject of nutrition comes up. It's true that I can be called a "health nut." But I feel it's unfair for my doctor to pooh-pooh every thought that I express about health foods and nutrition.

Mrs. P.B., Pa.

Dear Mrs. B.: Throughout my entire medical school training and long residency programs in three hospitals, I must confess there was never a formal course in nutrition given to us.

There were, of course, outlines of special diets for specific illnesses such as hiatus hernia, gall bladder disease, peptic ulcers, diverticulitis, gout, high blood pressure and diabetes.

Considering the enormous effect of malnutrition on world health, the training received by most doctors has been inadequate. There are physicians who are highly specialized nutritionists who devote themselves exclusively to the important relationship between adequate nutrition and general health.

One such specialist is Dr. Myron Winick, professor of Nutrition and director of the Institute of Nutrition at Columbia University in New York City. He has, in a recent article, expressed some basic axioms that should alert all of us to an area of medicine to which we tend to pay little or no attention.

He said, "The state of nutrition education in this country as it is related to health is in complete chaos. One cause of that chaos is the medical profession's failure to take responsibility in this area."

Perhaps their lack of interest accounts for the fact that "the science of nutrition has more people hanging on its fringe than any other bio-medical discipline. Many of them have had no formal training; some, no doubt, are well-meaning, but others are charlatans. There is no way the average person can separate one from the other."

Perhaps such fringe groups would not exist if all of us in the practice of medicine gave more consideration to the nutrition of all of our patients rather than to those who have diseases with special diet needs.

In defense of your doctor and my patients' doctor, it must be stated that we are becoming more candid about our inadequate training in the field of nutrition. We are listening and learning. Medical educators are now introducing courses in nutrition in medical schools and in residency programs.

1. Why is it that many doctors know so little about nutrition?

   COURSES IN NUTRITION HAVE BEEN FAIRLY WELL IGNORED IN MEDICAL SCHOOLS UNTIL RECENTLY.

2. Why is it that most medical schools have practically ignored the subject of nutrition until now?

   ANSWERS WILL VARY.

3. What responsibilities does an individual consumer have if he suspects his doctor may be ill-informed on matters of nutrition?

   ANSWERS WILL VARY.

4. The article states that many nutrition "experts" have had no formal training and some are outright phonies, and the average person can't tell one from another. What is the answer for consumers who face this situation?

   ANSWERS WILL VARY.

MEDICAL JARGON

TO FIND OUT HAPP'S REPLY, WRITE THE CORRECT MEDICAL TERM IN THE BLANKS. THEN, WRITE THE LETTER ABOVE EACH CORRESPONDING NUMBER IN HAPP'S REPLY. IF YOU HAVE ANSWERED ALL TERMS CORRECTLY, HAPP WILL GIVE YOU HIS DEFINITION OF MALPRACTICE.

P S Y C H O A N A L Y S T (7) M.D. with training in handling mental problems

L I C E N S E (17) Permission granted to practice a health-care profession

O P T I C I A N (12) Prepares, fits, and sells glasses prescribed by others

P S Y C H O L O G I S T (3) Person with specialized training in human behavior

O P H T H A L M O L O G I S T (16) M.D. who specializes in the care of the eyes

A C U P U N C T U R I S T (6) Relieves pain and treats disease by inserting needles into the the body

F E L L O W (4) Doctor who has met the extra requirements of a specialty set by a particular college

P E D I A T R I C I A N (1) M.D. who specializes in treating children

G E N E R A L P R A C T I T I O N E R (15)
M.D. who has not limited his practice to a particular area

R E S I D E N C Y (9) A doctor's specialty training after internship

O P T O M E T R I S T (14) Prescribes glasses or contact lenses

I N T E R N I S T (11) M.D. with concentrated training in internal medicine

Q U A C K (5) Person posing as a doctor

D E N T I S T (13) Treats teeth and related structures

P O D I A T R I S T (2) Treats any foot problems

B O A R D - C E R T I F I E D (8) Term given doctor after he has completed specialty training and passed the examination

C H I R O P R A C T O R (10) Treats patients by manipulating parts of the body

HOSPITAL COSTS...

into the wild blue yonder

Yes, hospital bills are rising. But what can the consumer do?

Work in teams of three students to make recommendations at each of three levels of action you might take to help keep hospital costs from going "out of sight!"

INTERPERSONAL LEVEL
What I can do. What we can do as individuals.
e.g., exercise daily, take children to the dentist, etc.

ANSWERS WILL VARY.

INTERGROUP LEVEL
What we can do in groups, together.
e.g., join a health consumer group, etc.

ANSWERS WILL VARY.

SOCIAL SYSTEM LEVEL
What we can do as a community or nation about medical care costs.
e.g., national "health" insurance, etc.

ANSWERS WILL VARY.

SUGGESTION: Refer back to the introduction to this PAL where we discussed the difference between medical care and health care. That may give you a few ideas.

A SICK LIMERICK

| | | |

PREVENTIVE MEDICINE ?!?

Study Shows . . .

Cost & Fear Are Main Reasons Women Avoid Going to Doctors

The cost of preventive health care and the fear of finding something wrong are two of the major factors why women often avoid going to doctors.

That's the finding of a study by Blue Cross of Greater Philadelphia and the Pennsylvania Blue Shield.

Some of the women interviewed in the study said they don't go to the doctor "unless I ache." That attitude, Blue Cross officials concluded, "may be due to fear or embarrassment or to the fact that some women find it difficult to justify the expense."

Other deterrents to proper health care, according to the study, were women's ignorance of general health care matters and apathy.

The study also found that the medical areas of greatest concern to women are gynecological problems, high blood pressure, weight control and nutritional problems.

1. Who conducted the study on which this article is based?

   BLUE CROSS OF GREATER PHILADELPHIA AND THE PENNSYLVANIA BLUE SHIELD.

2. What "fear" do women have that keeps them from going to doctors?

   FEAR OF FINDING SOMETHING WRONG.

3. Besides "fear" and "cost", what 2 other reasons are mentioned for women not getting proper health care?

   WOMEN'S IGNORANCE OF GENERAL HEALTH CARE MATTERS AND APATHY.

4. What areas of health care are of most concern to women?

   GYNECOLOGICAL PROBLEMS
   HIGH BLOOD PRESSURE
   WEIGHT CONTROL
   NUTRITIONAL PROBLEMS

5. Is there anything keeping YOU from going to a doctor--even when you are sick? If so, what can you do to overcome your problem?

   ANSWERS WILL VARY.

Why Doctors Run & Hide From Medical Emergencies

By EIRIK KNUTZEN

Doctors are literally running and hiding from life-threatening medical emergencies — because they fear they'll be hit with whopping malpractice suits, says a prominent surgeon.

"Doctors simply vanish or become unavailable when fearful they may be called to assist in a medical emergency," declared Dr. Sanders T. Frank, associate professor of clinical medicine at the University of Southern California.

"Many physicians — who have already tangled with unscrupulous malpractice lawyers — would rather desert their principles than be named in another malpractice suit."

He claimed fewer doctors than ever now respond to hospital "Code Blue" calls — the signal for a cardiac or respiratory arrest.

"There was a time when you had to make rules as to who would stay at the emergency scene because it got so crowded," said Dr. Frank. "People would come out of the woodwork, all willing to help.

"But now, 'Code Blue' sometimes means being paged an embarrassingly long time. After a while doctors show up, but they may not be the ones most suited for the emergency. The nurses are there because they don't get sued — there's no money in it."

Dr. Frank cited one example of a physician who was hit with a malpractice suit after a patient died — even though he was entirely blameless.

"A friend of mine once read a cardiogram for another doctor, and said the patient's cardiogram was normal. The other doctor then let the patient go home, where he died.

"The patient's cardiogram was later reinterpreted by several experts and also considered normal. But it cost my friend $12,500.

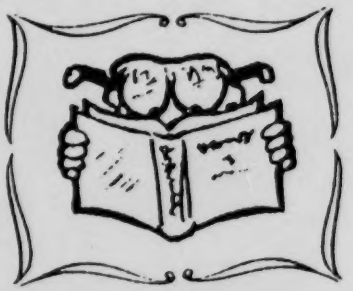
"He was not to blame, but his insurance company said it would cost $35,000 to go to court, even though he would be found innocent. He was told he'd be a fool to give up three weeks of practice or longer to sit in court.

"Misdiagnosis does happen. I hurt my foot last year and was in pain for three months. I later found that the foot was fractured — not at all what other doctors had first diagnosed the problem as.

"But it never occurred to me to sue anybody, because it was very easy to miss this kind of fracture." Dr. Frank added that the blizzard of huge malpractice suits is getting worse every year.

"The climate is right for people who want something for nothing. These problems will persist until the public wakes up and begins an active search for remedies to the current epidemic of litigation.

"Until then, the man who could save your life may be hiding in the men's room."



1. Who is making the charge that doctors "run and hide" from emergencies? Does the article mention anyone else who also makes this claim? Do you think this claim is valid?

   DR. SANDERS T. FRANK, A DOCTOR AT THE UNIVERSITY OF SOUTHERN CALIFORNIA; NO; ANSWER WILL VARY.

2. According to this doctor, why are other doctors avoiding giving service during an emergency?

   THEY ARE AFRAID OF BEING NAMED IN A MALPRACTICE SUIT.

3. How does this doctor feel about malpractice suits?

   VERY NEGATIVELY; HE GIVES THE IMPRESSION THAT MANY DOCTORS ARE BEING "PICKED ON" AND THAT PEOPLE ARE TRYING TO GET SOMETHING FOR NOTHING.

4. One man's charges should be investigated further. How would YOU either prove or disprove what this doctor claims?

   ANSWERS WILL VARY.

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DISCUSSION QUESTIONS

1. What is your initial reaction to the headlines? Do you believe them? Do they scare you?

   ANSWERS WILL VARY.

2. The headlines imply that many operations are unnecessary. Do you feel this is correct? Do you personally know anyone who elected to undergo surgery rather than another medical treatment for his particular condition?

   ANSWERS WILL VARY.

3. How could individuals be killed by faulty prescriptions? Who might be responsible--the doctor prescribing the medication, the druggist selling it, or the drug company manufacturing it?

   ANSWERS WILL VARY.

4. The headline--U.S. Has Little Influence On How Doctors Practice--implies there is little government control of physicians. How do you feel about this? Should there be strict government controls--or should the consumers be the controlling faction?

   ANSWERS WILL VARY.

5. What about incompetent doctors? We all know that doctors will make occasional mistakes, but what happens to doctors who make several drastic mistakes? Do other doctors try to remove the incompetent doctors from practicing medicine? Should they?

   ANSWERS WILL VARY.

6. We have all seen headlines describing operations in which the surgeon left scissors, towels, etc., inside the patient. Are these simply isolated cases sensationalized in the newspapers? Is there any value to the consumer in knowing about such cases?

   ANSWERS WILL VARY.

7. One headline indicates Medicaid patients have more than twice as many operations as the general population. What are some reasons this may be true?

   ANSWERS WILL VARY.

DEFENSIVE MEDICINE

About 75% of the physicians in America, claims an American Medical Association poll, are currently practicing "defensive medicine."

That's the name given to the practice of ordering extra tests and procedures for patients in order to protect the doctor against a potential malpractice suit.

The result is that medical bills are going sky-high.

More than 90% of the doctors who responded to the AMA poll indicated that they are far more conscious of potential malpractice suits today than they were in the past. As a result, a sizable number of doctors are ordering X-rays, lab work-ups, and other extra tests.

One patient in Los Angeles who complained of headaches was thoroughly examined by her physician for $125, ordered to take a brain scan for $340, an electroencephalogram for $80, skull X-rays for $100, and a battery of lab tests that cost $200.

Not only are patients paying more for tests, but three out of five doctors, according to the American Medical News, admit they had raised their own fees in 1975 because of larger malpractice insurance premiums.

Just how and where this vicious cycle will break, no one seems to know.

1. What percent of the physicians in America are currently practicing "defensive medicine?"

   75%

2. What is "defensive medicine"?
   PRACTICE OF ORDERING EXTRA TESTS AND PROCEDURES FOR PATIENTS TO MAKE SURE DIAGNOSIS IS CORRECT
3. Why do doctors practice "defensive medicine"?
   TO PROTECT THEMSELVES AGAINST POTENTIAL MALPRACTICE SUITS
4. What is a negative result of "defensive medicine" to the consumer?
   HIGHER MEDICAL BILLS
5. When could "defensive medicine" prove really valuable to us, the consumers?
   IF AN UNDIAGNOSED CONDITION IS DISCOVERED AND THEN TREATED

SAY AHH!

MATCH BY PLACING THE NUMBER OF THE CORRECT DEFINITION ON THE BLANK BEFORE THE TERM. (ANSWERS FOR DEFINITIONS 1-29 ARE ON THIS PAGE.)

4	ARTIFICIAL RESPIRATION
9	DENTIST
19	C.P.R.
29	ACCREDITATION
26	DEFENSIVE MEDICINE
7	LICENSE
1	OVER-THE-COUNTER DRUGS
17	PODIATRIST
28	INTERNIST
10	MORTALITY RATE
18	OPTOMETRIST
24	BILL OF RIGHTS
23	PEDIATRICIAN
6	QUACK
2	SPECIALIST
8	PREVENTIVE MEDICINE
14	INCOMPETENT
21	PSYCHOLOGIST
3	911
16	HYPERTENSION
5	LIFE EXPECTANCY
13	PREPAID GROUP PRACTICE
20	FELLOW
11	OPHTHALMOLOGIST
22	SURGICAL CONSENT FORM
25	CHIROPRACTOR
12	INTERNSHIP
15	COMPLICATIONS
27	DIAGNOSIS

1. MEDICATIONS WHICH A CONSUMER CAN PURCHASE WITHOUT A DOCTOR'S PRESCRIPTION; USUALLY LACK THE POTENCY OF PRESCRIPTION DRUGS
2. A DOCTOR WHO LIMITS HIS PRACTICE OF MEDICINE TO A PARTICULAR AREA
3. THE POLICE EMERGENCY PHONE NUMBER WHICH, IN MANY AREAS OF THE COUNTRY, IS THE NUMBER TO CALL WHEN EMERGENCY POLICE OR RESCUE HELP IS NEEDED
4. A METHOD BY WHICH A RESCUER LITERALLY BREATHES FOR A VICTIM BY BLOWING AIR THROUGH HIS MOUTH INTO HIS LUNGS
5. THE AVERAGE NUMBER OF YEARS THAT A PERSON IS EXPECTED TO LIVE
6. SOMEONE WHO POSES AS A DOCTOR OR HEALTH-CARE SPECIALIST AND MISLEADS OR DEFRAUDS CONSUMERS WITH PHONY OR HARMFUL CARE
7. THE PERMISSION GRANTED BY A STATE TO A DOCTOR OR OTHER HEALTH-CARE SPECIALIST TO PRACTICE HIS PROFESSION IN THAT STATE
8. TAKING STEPS TO PROMOTE GOOD HEALTH; STEPS INCLUDE PROPER DIET, EXERCISE, AND REGULAR CHECKUPS
9. A HEALTH-CARE SPECIALIST WHO MAINTAINS AND IMPROVES THE HEALTH OF TEETH AND RELATED STRUCTURES
10. NUMBER OF DEATHS IN A SAMPLE GROUP OF THE POPULATION
11. A M.D. WHO IS A SPECIALIST IN THE CARE OF THE EYES
12. A DOCTOR'S FIRST YEAR OF PRACTICAL TRAINING AFTER COMPLETING MEDICAL SCHOOL AND BEFORE ANY SPECIALTY TRAINING
13. A TYPE OF MEDICAL PRACTICE REQUIRING PATIENTS TO PAY A CERTAIN AMOUNT FOR MEDICAL CARE ON A REGULAR BASIS, WHETHER SICK OR NOT; TOTAL MEDICAL CARE IS THEN PROVIDED WHEN NEEDED
14. LACKING ADEQUATE ABILITY, KNOWLEDGE, OR FITNESS
15. UNEXPECTED MEDICAL PROBLEMS WHICH ARISE DURING THE TREATMENT OF ANOTHER DISEASE
16. ABNORMALLY HIGH BLOOD PRESSURE
17. A HEALTH-CARE SPECIALIST WHO IS CONCERNED WITH THE DIAGNOSIS, TREATMENT, AND PREVENTION OF ABNORMAL CONDITIONS OF THE FEET
18. A HEALTH-CARE SPECIALIST WHO PRESCRIBES GLASSES OR CONTACT LENSES AND CHECKS THE EYES FOR VISION PROBLEMS
19. CARDIO PULMONARY RESUSCITATION; A METHOD FOR INSURING THE CONTINUED CIRCULATION AND RESPIRATION OF A VICTIM IN WHOM THESE SYSTEMS HAVE FAILED
20. THE TERM GIVEN TO A DOCTOR WHO HAS MET THE EXTRA REQUIREMENTS OF A SPECIALTY SET BY A PARTICULAR COLLEGE
21. A PERSON WITH SPECIAL TRAINING IN HUMAN BEHAVIOR, BOTH NORMAL AND ABNORMAL
22. THE LEGAL AGREEMENT WHICH A PATIENT OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BEFORE SURGERY CAN BE PERFORMED
23. A M.D. WHO HAS LIMITED HIS MEDICAL PRACTICE TO CHILDREN FROM BIRTH THROUGH ADOLESCENCE
24. A LIST OF HOSPITAL PATIENTS' RIGHTS AS ESTABLISHED BY THE AMERICAN HOSPITAL ASSOCIATION
25. A HEALTH-CARE SPECIALIST WHO TREATS PATIENTS PRIMARILY BY USING HIS HANDS TO MANIPULATE PARTS OF THE BODY
26. A VERY CAUTIOUS METHOD OF TREATMENT TO CONFIRM A DIAGNOSIS; OFTEN INVOLVING EXTRA LAB TESTS AND CONSULTATIONS WITH OTHER DOCTORS
27. ACT OF DECIDING THE TYPE OF ILLNESS OR AILMENT BY CAREFULLY EXAMINING ALL THE KNOWN FACTS
28. A M.D. WITH CONCENTRATED TRAINING IN THE BROAD AREA OF INTERNAL MEDICINE
29. THE STATUS A HOSPITAL RECEIVES AFTER IT HAS MET THE MINIMUM STANDARDS FOR QUALITY OF PATIENT CARE AND SERVICES SET BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

(ANSWERS FOR DEFINITIONS 30-60 ARE ON THIS PAGE.)

60 REGULARITY
54 A.M.A.
58 COLLEGE
40 HOSPITALIZATION
37 OSTEOPATH
31 PSYCHOANALYST
46 PANDEMIC
42 ARTIFICIAL CIRCULATION
30 CREDENTIALS
48 SYMPTOM
57 GROUP PRACTICE
43 GENERAL PRACTITIONER
35 LOCAL ANESTHESIA
33 MALIGNANT
56 BOARD-ELIGIBLE
36 INTENSIVE CARE UNIT
34 OPTICIAN
53 RESIDENCY
50 BOARD-CERTIFIED
44 GENERAL ANESTHESIA
32 GHOST SURGEONS
45 SURGERY
38 CONSULTANT
47 ACUPUNCTURIST
39 BEDSIDE MANNER
52 MALPRACTICE
41 H.M.O.
49 AUTOPSY
51 COLLEAGUE
55 ELECTIVE SURGERY
59 LIFE STYLE

30. FACTS ABOUT A DOCTOR'S BACKGROUND, EXPERIENCES, AND TRAINING
31. A M.D. WITH TRAINING IN HANDLING MENTAL PROBLEMS WITH SPECIAL TREATMENT TECHNIQUES; ALSO CALLED A PSYCHIATRIST
32. SURGEONS IN TRAINING WHO OPERATE ON PATIENTS WHO BELIEVE A MORE EXPERIENCED DOCTOR IS ACTUALLY PERFORMING THE SURGERY
33. VERY HARMFUL OR DANGEROUS; LIKELY TO CAUSE DEATH
34. A PERSON WHO PRACTICES THE TRADE OF PREPARING, FITTING, AND SELLING GLASSES PRESCRIBED BY OTHER HEALTH-CARE SPECIALISTS
35. A LOSS OF ALL SENSATION IN ONLY A CERTAIN AREA OF THE BODY CAUSED BY A DRUG OR CHEMICAL GIVEN TO THE PATIENT; PATIENT STAYS AWAKE
36. A SPECIAL SERVICE UNIT PROVIDED BY MANY HOSPITALS FOR SERIOUSLY ILL PATIENTS WHERE SPECIALLY TRAINED NURSES AND SPECIAL EQUIPMENT CONSTANTLY MONITOR A PATIENT'S CONDITION; ALSO KNOWN AS I.C.U.
37. A HEALTH-CARE SPECIALIST WITH A D.O DEGREE WHO DIAGNOSES AND TREATS DISEASES
38. A DOCTOR OR HEALTH-CARE PROFESSIONAL WHO GIVES A SECOND OPINION ON A PARTICULAR CASE
39. A DOCTOR'S BEHAVIOR AND PERSONALITY WHEN TREATING A PATIENT
40. THE PERIOD OF TIME A PATIENT SPENDS IN A HOSPITAL FOR SURGERY, TESTS, RECUPERATION, ETC.
41. HEALTH MAINTENANCE ORGANIZATION; MEMBERS PAY A MONTHLY FEE FOR WHICH THEY RECEIVE MEDICAL CARE AS NEEDED
42. A METHOD BY WHICH A RESCUER USES EXTERNAL HAND MASSAGE OF A VICTIM'S HEART TO KEEP BLOOD FLOWING THROUGH HIS BODY
43. A M.D. (DOCTOR OF MEDICINE) WHO HAS NOT LIMITED HIS PRACTICE TO A PARTICULAR AREA OF CONCERN
44. A TOTAL LOSS OF THE SENSE OF PAIN, TEMPERATURE, TOUCH, ETC., CAUSED BY A GAS OR CHEMICAL GIVEN TO A PATIENT; ALSO CALLED PUTTING THE PATIENT "TO SLEEP"
45. THE TREATMENT OF DISEASE OR INJURY BY CUTTING OR REMOVAL OF DISEASED OR DAMAGED TISSUE
46. A DISEASE WHICH IS UNIVERSAL, OR FOUND OVER A WHOLE AREA
47. A PERSON WITH SPECIALIZED TRAINING IN RELIEVING PAIN AND TREATING DISEASE BY INSERTING FINE NEEDLES INTO VARIOUS POINTS OF THE BODY
48. ANY CONDITION THAT COMES WITH, OR RESULTS FROM, A DISEASE AND SERVES AS AN AID IN DIAGNOSIS
49. AN EXAMINATION OF A DEAD PERSON TO DISCOVER THE CAUSE OF DEATH
50. THE TERM GIVEN TO A DOCTOR WHEN HE HAS COMPLETED SPECIALTY TRAINING AND PASSED AN EXAMINATION GIVEN BY ONE OF THE AMERICAN BOARDS OF MEDICAL SPECIALTIES
51. A FELLOW WORKER IN THE SAME PROFESSION
52. INJURIOUS TREATMENT OR OBVIOUS NEGLECT OF A PATIENT BY A PHYSICIAN OR SURGEON
53. A DOCTOR'S SPECIALTY TRAINING AFTER COMPLETING HIS INTERNSHIP; GENERALLY LASTS FROM 2 TO 5 YEARS AND USUALLY TAKES PLACE IN A HOSPITAL
54. THE AMERICAN MEDICAL ASSOCIATION
55. THE CHOICE OF SURGERY MADE BY A PATIENT GENERALLY FOR CONDITIONS THAT ARE NOT LIFE-THREATENING
56. THE TERM GIVEN TO A DOCTOR WHEN HE HAS COMPLETED THE TRAINING REQUIREMENTS OF A SPECIALTY BUT HAS NOT TAKEN OR PASSED THE CERTIFICATION EXAM GIVEN BY ONE OF THE AMERICAN BOARDS OF MEDICAL SPECIALTIES
57. DOCTORS WHO PRACTICE TOGETHER IN THE SAME WORK ENVIRONMENT, SHARING FACILITIES AND EXPENSES; MAY OR MAY NOT PRACTICE THE SAME SPECIALTY
58. A GROUP INTERESTED IN CONTINUING EDUCATION IN A PARTICULAR SPECIALTY
59. THE MANNER IN WHICH AN INDIVIDUAL LIVES; INCLUDES HOME AND WORK ENVIRONMENT, DIETARY HABITS, EXERCISE, RECREATIONAL PATTERNS, ETC.
60. THE NORMAL BOWEL MOVEMENT BEHAVIOR OF AN INDIVIDUAL

Distinguishing HEALTH and MEDICAL care

The health of a population in any area is a function of FOUR FACTORS:

1. ENVIRONMENTAL QUALITY
2. PERSONAL HABITS/LIFESTYLE
3. HEALTH CARE--PUBLIC/PREVENTATIVE CARE
4. MEDICAL CARE--ILLNESS CARE

Below is a definition for each of the FOUR FACTORS and an example or two. You should provide other examples.

I. ENVIRONMENTAL QUALITY: The safety of the environment in which people live. EXAMPLES: clean water, clean air, low stress, clean food (toxic chemicals in soils, etc.)

ANSWERS WILL VARY

II. PERSONAL HABITS/LIFESTYLE: How people take care of themselves by the way they live. EXAMPLES: eat three meals a day, regular exercise, no smoking, moderate or no drinking, careful use of drugs.

ANSWERS WILL VARY

III. HEALTH CARE--PUBLIC/PREVENTATIVE CARE: Public health measures to protect a population and preventative care of a population.
EXAMPLES: PUBLIC HEALTH sewers, public water supply, swimming pool inspection, food store inspection.
EXAMPLES: PREVENTATIVE CARE dental clinics, TB X-rays, annual checkups.

ANSWERS WILL VARY

IV. MEDICAL CARE: ILLNESS CARE: What happens to people once they are sick or go to medical care professionals when they are in need. This PAL deals with MEDICAL CARE, in this sense. BUT 75% of a person's health depends upon the FIRST THREE FACTORS above! EXAMPLES: Maternity ward in a hospital, setting broken bones, rabies shots.

ANSWERS WILL VARY

THE MAIN MYTH we have to deal with is the one that no matter what WE do, the doctor will be able, with his/her use of science and hospital, to save us. HEALTH BEGINS AT HOME WITH WHAT WE DO TO OURSELVES!

It is true that in America, doctors are held in high esteem. We expect miracles from them. I smoke too much, but when I get ill, I expect the doctor to cure me. I don't exercise properly, but when I get ill, I expect to be healed. We could cite many examples of the myth of momentous cure -- that we all accept to some degree.

But why do doctors have this high STATUS and POWER? Below we have listed several TYPES of power. Offer examples where doctors have this or that kind of POWER:

Power based upon the ability to give or withhold punishment, real or imagined.

ANSWERS WILL VARY

Power based upon the control of scarce resources desired by others, coupled with others expectation of a positive benefit coming from those scarce resources.

ANSWERS WILL VARY

Power based upon the desire of others to identify with, or associate with, a person or group with high status.

ANSWERS WILL VARY

Power based upon the perception of others regarding that person as a source of information that is creditable and useful.

ANSWERS WILL VARY

FINDING A DOCTOR

READ EACH STATEMENT BELOW. IF IT IS GOOD ADVICE FOR CHOOSING A DOCTOR, WRITE "YES" IN THE BLANK; IF IT IS NOT GOOD ADVICE, WRITE "NO."

YES 1. Consider a doctor's hospital privileges to be an important factor in your choice of a family doctor.

NO 2. Don't bother asking a doctor unimportant questions about his office hours, location, house-call policy, etc.

NO 3. Try to choose a doctor whose hospital privileges are limited to small profit-making hospitals.

NO 4. Don't look for doctors connected to medical schools. They are poor choices for family doctors because they know more about books than real patients.

NO 5. Don't waste time looking for a doctor until you need one. You don't know what will be wrong with you until it happens anyway.

NO 6. The advice of friends and relatives is all-important in picking a doctor.

YES 7. Don't look for a specialist because you feel you need one.

YES 8. The *American Medical Directory* is a good source of information about a doctor's credentials.

YES 9. Don't choose a doctor just because he treats famous people.

YES 10. Your first visit to a new doctor should be for nothing more serious than a routine checkup.

Survey five to ten adults (family members, school personnel, etc.), asking them:

A. What is the factor which is <u>most important</u> to you when selecting a doctor? Why is that important?

B. Have you ever changed doctors, and if so, why?

How do you feel about the replies? Are their reasons for selecting a doctor also important to you? Do you think the reasons for changing doctors are valid? ANSWERS WILL VARY

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Exercises

The list of doctor's names on the right was taken from one page of the *American Medical Directory*.

The codes after their names are entered in the same way as the example of JOHN ROBERT DOE on page 27.

Use the two lists on the previous page to help you answer the following questions:

WHEATLEY, Richard A·2921 N BLACKSTONE 93703·B24
ME005-10-62 L56 ANES TOP01 $$636
WHEELER, Herman O·6464 N VAN NESS BLVD 93721·B12·
ME005-12-37 L37 NB37 GP TOP01
WHITE, John Douglas, Jr·FRESNO COUNTY GEN HOSP
93702·B37 ME038-40-65 L66 OB6 TOP04
WHITTEN, Richard H·2916 FRESNO ST 93721·B15 ME005-
02-46 L46 AB35 OPH TOP01 $$108,732
WHITWORTH, Geo F·3481 E SHIELDS AVE 93726·B25
ME005-11-49 L50 AB30 OB6 TOP01 $$300,888
WIENS, Edwin Gerhard·2030 DIVISADERO ST 93721·B32
ME016-06-58 L59 IM TOP01
WILDE, N John·2934 N FRESNO ST 93703·B17 ME016-
11-43 L50 AB65 PS TOP01 $$888,672,336,918,216
WILEY, Dudley Eugene·FRESNO GEN HOSP 93702·B42
ME018-03-69 00 TOP03
WILKINSON, Jack E·2411 DIVISADERO ST 93721·B19
ME005-12-44 L44 NB43 AB85 GS TOP01 $$630
WILLERS, Carl Elmer·BOX 4040 93744·B12 ME005-
12-41 L41 AB05 ANES TOP01
WILLIAMS, Harold McNeal·FCDMH 4411 E KINGS CANYON
RD 93702·B32 ME010-03-58 L63 P TOP01 $$516
WILLIS, Chas Dubois·3946 E SHIELDS AVE 93703·B25
ME005-12-55 L56 AB75 N,P TOP01 $$516,084
WILLOUGHBY, Ross W·3002 N FRESNO ST 93703·B21
ME065-01-46 L49 GP TOP01 $$060
WINKLER, Gary Lee·FRESNO GEN HOSP 93702·B43 ME026-
04-69 00 TOP03
WINTER, Edna M Jacobsen·1597 N VAN NESS AVE 93728·
B06 ME005-02-32 L32 IM TOP01 $$696,276,654
WITTE, Jack Bernard·2240 E ILLINOIS 93701·B27
ME048-02-55 L61 GP,PD TOP02
WIZBOWSKI, Raymond V·2250 E ILLINOIS 93721·B23
ME025-01-52 L57 AB85 GS TOP01 $$336,390
WOLF, Geo Glenn·3004 N FRESNO ST 93703·B19 ME028-
02-47 L47 IM,PUD TOP01 $$696,360
WOLFE, Danl Kershner, III·FRESNO COUNTY GEN HOSP
93702·B36 ME007-02-64 L67 OB6 TOP04
WOO, Jos Clarence, Jr·1139 R ST 93721·B24 ME010-
01-48 L50 NB50 AB20 IM TOP01 $$696,654,312,264
YOUNG, John Edward·2531 DIVISADERO ST 93721·B09
ME005-02-35 L36 PD TOP01
ZEALEAR, David S·1397 W SHAW AVE 93705·B14 ME005-
02-41 L41 AB25 NS TOP01 $$840,336,852
ZEIFERT, Mark·1065 S ST 93721·B07 ME028-34-33
L45 AB75 N,P TOP01 $$084,516 PA05-06
ZEPS, E Frances·224 S CALLISCH ST 93721·B14
ME017-20-49 L68 PH TOP01

2

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1. Both Richard WHEATLEY and Carl WILLERS have the same specialty. What is it? Which one has board certification?

   ANESTHESIOLOGY; CARL WILLERS

2. You are looking for a board-certified psychiatrist. You could choose from two doctors. Which two?

   CHARLES WILLIS; MARK ZEIFERT

3. You're looking for a board-certified baby doctor. Can you find one on this list?

   NO

4. You've decided to have a face lift but want to be sure the plastic surgeon is board-certified. To whom would you go?

   JOHN WILDE

5. You're looking for a family doctor and have decided on a board-certified internist. Which doctor have you chosen from those above?

   JOSEPH WOO

Open and Closed Cases

When controversy is involved, we know that there are at least two sides and maybe more.....Should welfare payments to the poor be increased? Should taxes be lowered in your community? Should we increase foreign aid to poor nations? Should we open a Federal consumer protection agency? Should we give nuclear weapons to Biafra? There are many controversial questions -- serious ones -- with many sides to the arguments.

When we study those serious controversial questions, we sometimes have a lot of evidence and our values are clear. Thus, we can make a judgment and feel confident that it is right and responsible. That is a CLOSED CASE. On the other hand, there are many times when the evidence is not clear or when research findings conflict! We cannot safely and confidently draw a conclusion and feel comfortable. That is an OPEN CASE. We await more evidence and spend more time reflecting...

Let's consider the CASE of CHIROPRACTORS.

You have studied the pro's and the con's as presented here in this PAL. Do you have enough evidence to declare this an OPEN or a CLOSED case for you?????

___/ OPEN ___/ CLOSED

What reasons do you have?

ANSWERS WILL VARY

Check out others' decisions in your class. Discuss why some see the case as CLOSED while others see it as OPEN. How could that be? You all have pretty much the same evidence, don't you?

ANSWERS WILL VARY

Review Time

IS YOUR DOCTOR QUALIFIED?

PART A

MATCH THE HEALTH-CARE SPECIALIST IN COLUMN A TO THE DESCRIPTION IN COLUMN B. WRITE THE LETTER FROM COLUMN B IN THE BLANK SPACE BY THE TYPE OF SPECIALIST.

	COLUMN A		COLUMN B	
1.	D	ACUPUNCTURIST	a.	a M.D. in his first year after medical school
2.	F	CHIROPRACTOR	b.	not a M.D., but his training is nearly identical to one
3.	H	INTERNIST	c.	his specialty is child care
4.	A	INTERN	d.	he treats disease by inserting needles into the body
5.	E	OPHTHALMOLOGIST	e.	a M.D. who specializes in the care of the eyes
6.	G	OPTOMETRIST	f.	not a M.D., but he uses his hands to manipulate parts of the body
7.	B	OSTEOPATH	g.	not a M.D., but he prescribes glasses
8.	C	PEDIATRICIAN	h.	a M.D. who specializes in Internal Medicine
9.	J	PODIATRIST	i.	he deals with human behavior
10.	I	PSYCHOLOGIST	j.	not a M.D., but he cares for the feet

PART B

EITHER SUPPLY THE CORRECT MISSING WORD, OR CROSS OUT THE INCORRECT CHOICE:

1. RESIDENCY training is the same thing as specialty training and usually lasts from two to five years.

2. A reference book called the AMERICAN MEDICAL DIRECTORY lists all of the nation's legally qualified M.D.'s.

3. With a doctor's hospital appointments, the ~~(number~~/quality) of appointments is the most important consideration.

4. A doctor is known as a DIPLOMATE or BOARD - CERTIFIED when he passes a specialty area examination given by one of the American Boards of Medical Specialties.

5. A doctor is said to be BOARD - ELIGIBLE when he completes the training requirements of a specialty but has not taken or passed the examination.

6. Before specialization became so common, most doctors were known as GENERAL PRACTIONERS.

7. A doctor who guarantees a quick cure, or who uses a special or secret machine, is probably a QUACK.

8. In order to practice, a dentist must pass a WRITTEN national examination, and then a PERFORMANCE examination.

9. An OPTICIAN does not prescribe glasses; he just makes and fits them.

10. PREVENTION is the best cure for good dental care.

A. One of the latest controversies concerns the drug Laetrile. The Food and Drug Administration (FDA) contends that Laetrile is a "quack" drug with no proven cancer-curing qualities. However, many cancer-stricken individuals and their families are fighting for the opportunity to try it. What do you think? Should the government prohibit the use of a drug which they consider useless in order to encourage cancer victims to seek treatments of proven value? (Many patients with cancers in early stages have turned to Laetrile with tragic results. They possibly could have been cured with other means.) ANSWERS WILL VARY

B. What factors do you think could have accounted for the decline in the number of doctors going into general or family practice in the last thirty years?

ANSWERS WILL VARY

C. Although it is gradually changing, most states do not require a doctor to take additional course work in order to renew his license. What do you think about this? Should a continuing education program be required of doctors?

ANSWERS WILL VARY

Some Eye-opening Facts on Medical Costs!

Everyone is painfully aware that prices of food, clothing, cars, homes, etc., are much higher today than just a few years ago. However, the rise in these consumer goods and services doesn't even approach the rise that has taken place in medical bills. Look at how much money Americans have spent for health-care in various years:

DATA ON HEALTH-CARE EXPENDITURES FOR THE UNITED STATES[45]

YEAR	AMOUNT (In billions of dollars)	PERCENT OF GNP (Gross National Product)
1929	$ 3,589	3.6
1940	3,863	4.1
1950	12,028	4.6
1955	17,330	4.6
1960	25,856	5.2
1965	38,892	5.9
1967	47,879	6.2
1968	53,765	6.5
1969	60,617	6.7
1970	69,202	7.2
1971	77,162	7.6
1972	86,687	7.9
1973	95,384	7.8
1974	104,032	7.7
1975	118,500	8.3

Exercises

A. The Social Security Administration reported that total spending on health care reached $139.3 billion in 1976. How much of an increase is that over the cost for 1975? $20,800,000.00 ($20.8 billion)

B. Approximately, how does the 1976 cost compare to the amount for 1970? ABOUT DOUBLE

The cost of medical services increased at a rate one-and-one half times faster than the general inflation rate in the ten years between 1960 and 1970. Hospital costs, though, increased even more -- almost *FIVE TIMES* as much as everything else![21] Much of this dramatic increase has occurred since 1965.[45] However, we must remember that hospital care today is much more complex and sophisticated than it was fifteen years ago. The cost increase is not just because of inflation. Cost increases also reflect an increase in the "quantity" of hospital services that are packed into a day of hospital care.

On the previous page is the actual bill of a patient hospitalized in central Florida during 1977. While the patient's name has, of course, been removed all of the charges are exactly as they were. Part of being a smart health-care consumer involves careful reading of your bill and questioning the charges about which you are confused. Use the sample bill to answer these questions:

1. After the room charges (Code Item # 1), what was the most costly part of this patient's hospitalization?

   CODE ITEM #10--DRUGS, ANTIBIOTICS, SOLUTION

2. It is NOT possible to tell from this bill what this patient's medical problem was. However, items #22 and #3 tell you what was NOT this patient's condition. What do these two items tell you?

   PATIENT DID NOT DELIVER A BABY.

3. Did this patient have an operation? Explain.

   YES, CODE ITEM #2 INDICATES THIS.

4. If you had to pay for this bill, why might you question the charges for Item # 40?

   IT IS UNCLEAR WHAT THE MISCELLANEOUS CHARGES ARE.

5. Under the category of Room, Board & Nursing Care is the entry "Days I.C.U." What does I.C.U. stand for?

   INTENSIVE CARE UNIT

6. Explain what Code 7 is, and what this charge tells you?

   PATHOLOGY IS WHERE SAMPLES OF BODY TISSUE ARE EXAMINED. SOME TISSUE WAS UNDOUBTEDLY REMOVED FROM THIS PATIENT.

7. Is there a charge for blood given to the patient? Can you tell how many pints of blood the patient received?

   YES, CODE ITEM #21--THE NUMBER OF PINTS IS NOT INDICATED.

8. How much does this patient still owe on his hospital bill?

   $8,131.25

9. Code Item # 1 indicates the total room charges for this patient's entire hospital stay. What were the average DAILY room charges for this patient?

   $80.73

10. This patient's illness cost even more than is shown on this bill. This is because this is merely the hospital bill. What other bills might this patient still have in connection with this one illness?

    PRIVATE DOCTOR'S FEES, PRESCRIPTION MEDICINES AT HOME, MORE DOCTOR VISITS, HOME OR INSTITUTIONAL NURSING CARE, CONVALESCENT EQUIPMENT, ETC.

THAT DREADED WORD: HOSPITALIZATION

ANSWER THE FOLLOWING QUESTIONS:

1. List three points that you feel are important to consider when selecting a hospital.

ANSWERS WILL VARY--MAY LIST ACCREDITATION, TEACHING FACILITIES AND PROGRAMS; OWNERSHIP; SIZE; SERVICES OFFERED; COSTS; ETC.

2. List three ways you may be able to "cut costs" if you need to be hospitalized.

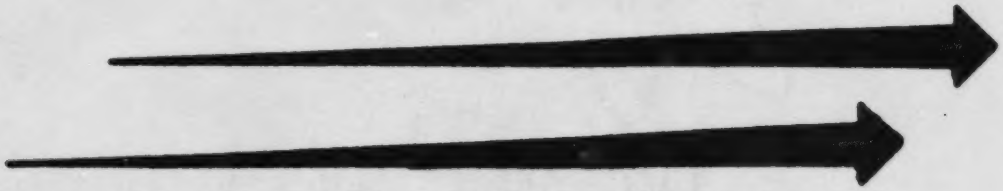
ANSWERS WILL VARY--MAY LIST ELIMINATING FRILLS; PRIVATE TESTS; EARLY WEEK ADMISSION; OUT-PATIENT; BLOOD DONATIONS; LIMITED STAY; CAREFUL CHECKING OF BILL; ETC.

A. Investigate a hospital in your community. Find out about accreditation, "teaching" programs, ownership, size, services offered, costs, etc. Report your findings to the class.

ANSWERS WILL VARY

B. "Voluntary Effort" is the name of a nationwide program started by America's hospital and medical leaders to slow down the rate of increase of health care expenses. If they don't succeed, the government may be forced to take steps to control the rising costs. How do you feel about this? What are some ways hospitals might be able to cut expenses? What are some ways YOU can help? ANSWERS WILL VARY

On the following page is a Consent to Surgery form that is typical of those used by many hospitals. This form must be signed before any operation is performed on you. Do you know what this form REALLY says? Answer the questions below and discover what you are agreeing to when you sign this form:



1. By signing this form, what procedures are you agreeing to let the doctors perform, other than the surgery itself?

   ...TO DO ANY OTHER THERAPEUTIC PROCEDURE THAT...JUDGEMENT MAY DICTATE TO BE ADVISABLE...AND TO SUCH PROVIDE ADDITIONAL SERVICES... AS...MAY DEEM REASONABLE AND NECESSARY

2. A simple five-word phrase (used three times) in this form opens the door to the possibility of ghost surgery? What phrase is this?

   ...OR ASSISTANTS AND/OR ASSOCIATES

3. Does this form guarantee to the patient a certain result from this operation?

   NO

4. By signing the bottom of this form, you are stating that you understand what STERILITY means and that you know that this may result from the operation. What is STERILITY?

   BEING PHYSICALLY UNABLE TO REPRODUCE

5. This form may be signed by someone other than yourself in case you are not able to do so. Who might an AUTHORIZED PERSON be, in your case?

   ANSWERS WILL VARY--MAY LIST PARENTS, SPOUSE, LEGAL GUARDIAN, CLOSE RELATIVE, ETC.

DO I LET THEM CUT ON ME?

EITHER SUPPLY THE CORRECT MISSING WORD, OR CROSS OUT THE INCORRECT CHOICE:

1. Roughly 10,000 people die each year as a result of needless surgery.
2. Not more than 20% of surgery is done to PREVENT DEATH or PROLONG LIFE.
3. An ANESTHESIOLOGIST is a doctor with specialty training in anesthesia.
4. The rate of elective surgery in the U.S. is the (highest/~~lowest~~) in the world today.
5. Three operations commonly done without being necessary are HYSTERECTOMIES HEMORRHOIDECTOMIES and TONSILLECTOMIES.
6. The qualifications of the ANESTHESIOLOGIST are equally as important as those of the surgeon.
7. Of the two general types of anesthesia, (general/~~local~~) is considered the more dangerous.
8. When deciding whether or not to have surgery, the consumer should carefully weigh COMPLICATIONS OR RISKS and BENEFITS.

Much is said these days about UNNECESSARY SURGERY. What makes one surgery NECESSARY and another UNNECESSARY? What are some factors that need to be considered before labeling surgery as being UNNECESSARY?

ANSWERS WILL VARY

DO I CALL MY DOCTOR?

TRUE OR FALSE:

T 1. Preventive medicine involves an increased consumer responsibility to detect small bodily changes that may indicate the beginnings of illness.

T 2. Not every disease or injury has a visible symptom, and some may show up only during a routine doctor's examination or in laboratory tests.

F 3. Consumers can and should save money by interpreting symptoms, diagnosing their own illnesses, and treating themselves with over-the-counter drugs.

F 4. Most Americans correctly believe that extra vitamins provide more pep and energy.

T 5. There is no such thing as normal regularity for an entire population.

T 6. The biggest killers today are diseases which result from our own bad habits.

T 7. Roughly one-third of the cancer victims who die each year could possibly be saved if treatment is started promptly.

T 8. Serious conditions may raise body temperature only slightly, while less serious ailments may cause very high fevers.

T 9. Even a change in the color of the flesh under your fingernails may be a symptom of some illness.

F 10. Any good doctor will recognize all bodily changes that may indicate trouble.

HEW has estimated that seventy-five percent of those who smoke today began smoking before the age of twenty-one, with another fifteen percent hooked by the time they were twenty-five. Perhaps you are thinking about starting to smoke or have started already. In any event, you need to be sure of your own feeling towards smoking. Take a sheet of paper and list all the reasons you can think of TO SMOKE and NOT TO SMOKE. Then weigh the arguments for and against. What is your verdict? Is smoking a good idea? ANSWERS WILL VARY

HELP!!

Telephone books usually have some emergency numbers listed near the front of the book. Other numbers important to you may be in the yellow pages under the listing Physicians and Surgeons or Dentists. There may even be a listing of Doctor's Emergency Service. With the help of your local telephone book or family, complete this list of IMPORTANT TELEPHONE NUMBERS. (Give emergency numbers, too, for your doctor and dentist.)

Important Telephone Numbers

Fire and Rescue ANSWERS WILL VARY

Police ANSWERS WILL VARY

Emergency Room ANSWERS WILL VARY

Poison Control Center ANSWERS WILL VARY

Ambulance ANSWERS WILL VARY

Family Doctor ANSWERS WILL VARY

Specialist ANSWERS WILL VARY

Specialist ANSWERS WILL VARY

Dentist ANSWERS WILL VARY

Hospital No. ANSWERS WILL VARY

EMERGENCY: GETTING HELP *FAST*

COMPLETE THESE SENTENCES:

1. A method by which a rescuer continues the breathing and circulation for a victim is known as CARDIO PULMONARY RESUSCIATION.
2. The Police Emergency number which is THE number to call during an emergency in many areas of the country is 911.
3. Many emergency room visits today are a result of patients' inability to REACH A PRIVATE DOCTOR.
4. Many emergency phone numbers can be found in the first few pages of nearly every TELEPHONE BOOK.
5. Artificial RESPIRATION and artificial CIRCULATION are the main features of CPR.
6. A MEDICAL IDENTIFICATION CARD should be carried at all times, listing blood type, allergies, chronic illnesses, and medications.
7. If you are bitten by a snake, try to IDENTIFY it to help the doctor know what treatment to administer.

Courses in first aid, CPR, and the Heimlich maneuver may be offered by the American Red Cross, fire departments, and other agencies. Find out what training sessions are given in your community and investigate the possibility of your class taking the courses. (This PAL is not intended to give you complete instruction in first aid measures. It is only to highlight the areas in which you may want further training.)

It is often said with some justification that American medicine is the best in the world. American medicine can be proud of what it has achieved in the prevention and treatment of disease. Preventive medicine and new techniques have added years to the average life expectancy and wiped out many diseases once considered killers. Yet, America falls behind many other countries in some health care achievements. These problems still exist:

1 The overwhelming majority of the country's 320,000 plus doctors are competent, conscientious, and fit to practice medicine. However, respected authorities, including Dr. Robert Egeberg, a former assistant to the Secretary of HEW, have estimated that as many as 16,000 doctors, about five percent of the profession, are not competent to practice medicine.[54]

2 Although 16,000 doctors are estimated to be unfit, the 50 states together only take away an average of 130 licenses to practice medicine each year.[54] Worse yet, in some states, once a license to practice medicine is given to a doctor, he may practice medicine for the rest of his life. He may never have to prove that he has kep up with all the advances, or that he is physically and mentally fit. States are gradually passing laws requiring relicensing, with continuing education programs as requirements.[54]

3 Some health statistics for the U.S. are worse than those of other developed countries with lower average incomes. In 1972, compared to twenty-two nations, the U.S. ranked thirteenth on infant mortality. If you look at life expectancy at birth, the U.S. ranked eleventh for white males, and fifth for white females. The life expectancy rankings for non-whites were much worse. While there are problems in comparing international statistics (need to consider social conditions, nutrition, etc.), the U.S. clearly does not have the best set of health statistics.[21]

HOW DO YOU FEEL ABOUT THESE STATISTICS? ARE THEY VALID CRITICISMS OF AMERICA'S HEALTH CARE?

ANSWERS WILL VARY

AFTER CONSIDERING ALL THE INFORMATION YOU HAVE ALREADY READ IN THIS PAL, WHAT DO YOU THINK ABOUT THE QUALITY OF MEDICAL CARE YOU HAVE RECEIVED?

ANSWERS WILL VARY

DISTINGUISHING FACT AND OPINION

In a discussion we hear people make statements which they want us to accept as TRUE! They want us to believe something. To know if we should accept what they tell us, we first have to know if they are making a statement which is a fact or an opinion. Look at these two examples:

1. Nuclear energy is very dangerous as a way to get electric power.

2. Nuclear generating plants are being constructed, today, in every region of the United States.

The first statement offers us an interpretation of the facts. It is a statement of OPINION. The second statement offers us a factual assertion (whether it is true or false is another matter).

READ THE FOLLOWING STATEMENTS. WRITE F BEFORE THOSE WHICH ARE FACTUAL STATEMENTS (WHETHER TRUE OR FALSE). WRITE O BEFORE STATEMENTS OF OPINION.

O 1. "The majority of doctors in America are unfit to practice medicine."

F 2. "The United States has the highest life expectancy in the world." (ALTHOUGH A FALSE STATEMENT)

O 3. "More people today seem to be suing doctors for malpractice than ever before."

O 4. "The high number of malpractice suits indicates that doctors are making more mistakes."

O 5. "Life expectancy is a good way to judge the quality of Health in America."

O 6. "One way to find a doctor is to use the phone book."

O 7. "Doctors have too much power over Americans' health care."

O 8. "The United States needs some kind of national health insurance."

O 9. "Given the cost of living and the income of most Americans, at least one-third of all adult Americans see the cost of medical care as HIGH."

U.S. MEDICAL CARE: HOW GOOD IS IT?

TRUE OR FALSE:

F 1. It is estimated that the majority of doctors are unfit to practice medicine.

T 2. It is fairly uncommon for a doctor to lose his license to practice medicine.

T 3. Infant mortality is one way to judge the condition of a country's health-care system.

T 4. One reason why consumers are winning more malpractice suits is that trial rules have been changed in the patient's favor.

T 5. Roughly one out of every six doctors has been sued for malpractice.

F 6. The practice of DEFENSIVE MEDICINE has caused an increase in the number of malpractice suits.

F 7. Life expectancy for people in the U.S. is higher than anywhere else in the world.

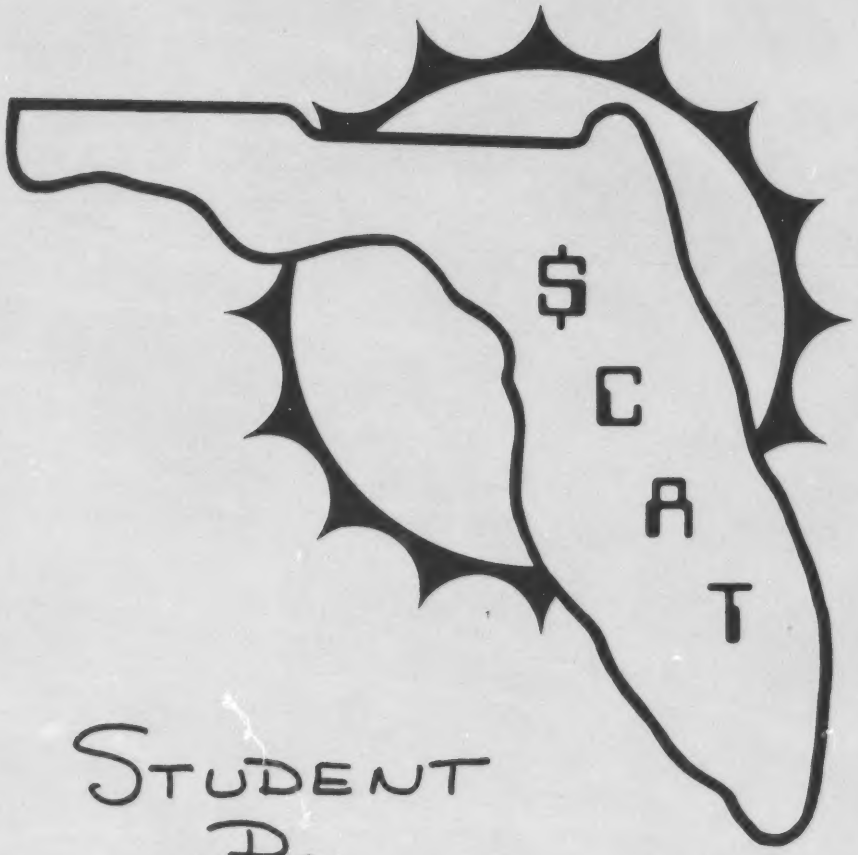
F 8. Patients today are probably closer personally to their doctors than ever before.

A. What is the difference between DEFENSIVE MEDICINE and PREVENTIVE MEDICINE? DEFENSIVE MEDICINE--EXTRA CAUTIOUS TREATMENT; PREVENTIVE MEDICINE--TRYING TO PREVENT HEALTH PROBLEMS

B. Can you think of possible reasons the U.S. does not rank highest in life expectancy?
ANSWERS WILL VARY

C. What factors could contribute to the U.S. infant mortality being higher than the rate in some other developed countries?
ANSWERS WILL VARY

D. What do you think has been the most important cause for the rise in the number of malpractice suits?
ANSWERS WILL VARY



STUDENT PAL

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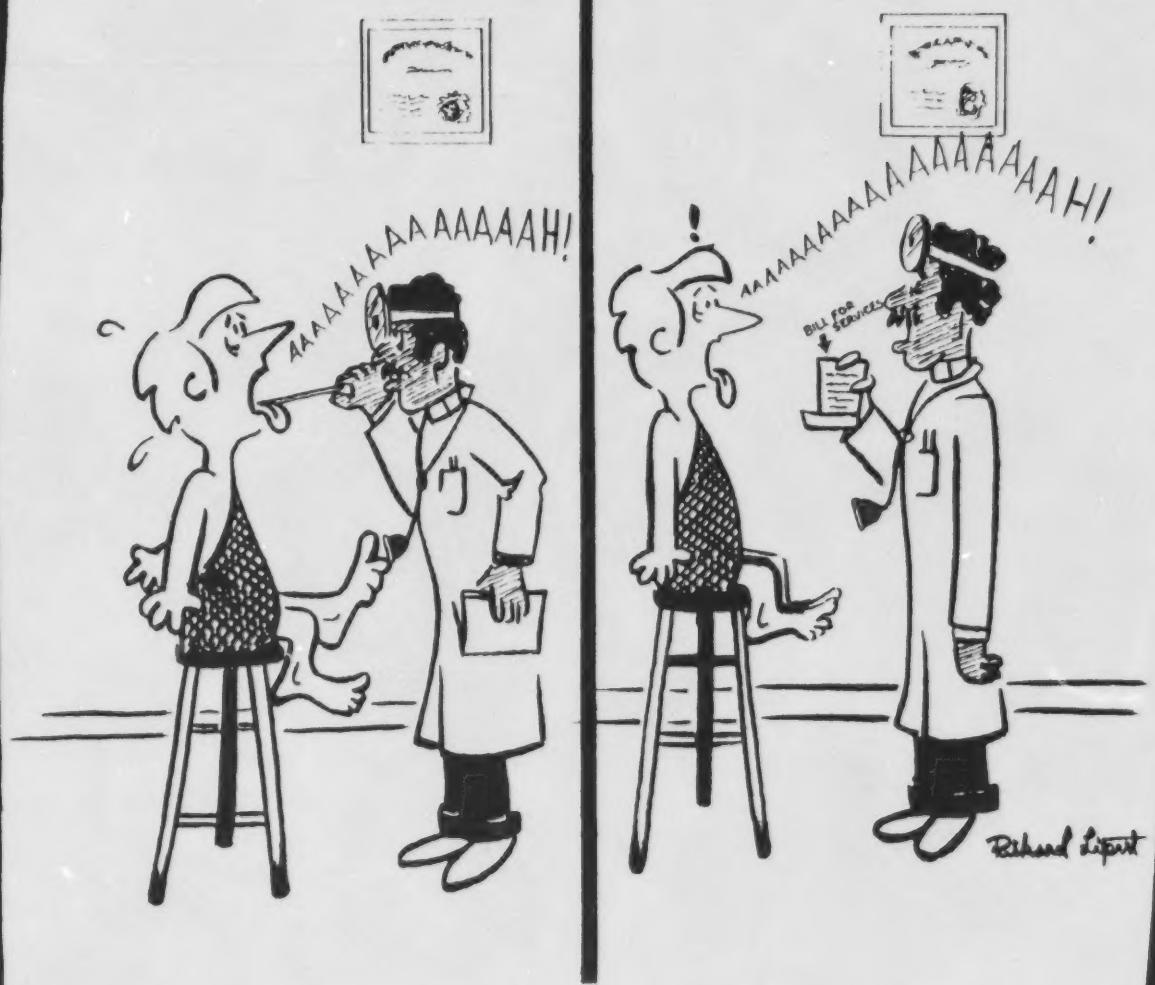

AHH!

S C A T Skills for Consumers Applied Today

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Be it known that this consumer education instructional unit has not been endorsed by either the Florida Department of Education or the United States Office of Education; and that the points of view or opinions expressed do not necessarily represent the official policy of these agencies.

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W E L C O M E to this PAL*, a consumer resource booklet. The two characters shown on this page are the Hazzards -- Ms. Happ and Happ Hazzard. You will find them in many of the illustrations used throughout this booklet.

Important information is divided into chapters or sections. Each section begins with a title page and includes:

P A S S W O R D S which give the special meanings for the words used in that section.

R E V I E W T I M E exercises to determine what you have learned.

Have fun, study hard, and become a conscientious consumer.

*PAL: Packaged Activities for Learning

Users of the consumer skills presented in this resource booklet come in both genders, female and male. The text and dialogues sometimes say "he," sometimes "she," sometimes "you," sometimes "the person." Please feel free to substitute the feminine for the masculine pronoun, and vice versa, any time it is appropriate to your situation.

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Skills for the Medical Consumer

Medical care is expensive. The typical middle-income American family spends almost $1000 a year for medical care.[62] This is a lot of money. Wise consumers need to "shop" for their medical care in order to get the most value for their dollar.

The consumer must assume the responsibility of being informed as to what really constitutes good medical care. As consumers, we must learn to select our doctors very carefully. We need to learn what makes a "good" or a "poor" physician or medical facility and choose accordingly. The wise consumer "shops" for medical services in the same way he or she shops for other items. Wise consumers compare strengths and weaknesses of each product before purchasing!

In this module, we'll learn some of the important things to look for when choosing good medical services. But, before we continue, let's take a quick look at some of the medical myths we must overcome.

SEVERAL STUDIES HAVE BEEN DONE ON THE RELATIONSHIP BETWEEN DOCTORS AND THEIR PATIENTS. THE STUDIES SHOW THAT PATIENTS DON'T USUALLY QUESTION THEIR DOCTORS BECAUSE THEY BELIEVE SEVERAL MYTHS ABOUT THE MEDICAL PROFESSION:[3]

MYTH

DOCTORS ARE ALWAYS RATIONAL.

FACT

Doctors are only human. They are not always rational. They do get tired. They do lose interest.

MYTH

DOCTORS HAVE TO MAKE SUCH COMPLICATED DECISIONS FOR EACH PATIENT THAT ONLY ANOTHER DOCTOR CAN EFFECTIVELY JUDGE THE WORTH OF THE DIAGNOSIS AND TREATMENT.

FACT

Very often the doctor who makes the diagnosis is only comparing symptoms to standards that may be as basic and unchanging as the multiplication tables.

MYTH

A DOCTOR IS AN EXTREMELY DEDICATED PROFESSIONAL - - DEDICATED TO THE WELFARE OF PATIENTS AND COMMUNITY.

FACT

This is a true statement for MOST doctors. But dedication varies. Doctors are no more or less dedicated than teachers, carpenters, plumbers, or lawyers.

MYTH

YOU CAN BE SURE OF GETTING HIGH QUALITY MEDICAL CARE BECAUSE OF THE LONG AND HARD TRAINING A DOCTOR MUST GO THROUGH TO GET A DEGREE AND LICENSE.

FACT

Doctors, like all of us, may forget much of what they learned. Their knowledge may become stale. They need continuing education to stay on top of the subject.

Distinguishing HEALTH and MEDICAL care

The health of a population in any area is a function of FOUR FACTORS:

1. ENVIRONMENTAL QUALITY
2. PERSONAL HABITS/LIFESTYLE
3. HEALTH CARE--PUBLIC/PREVENTATIVE CARE
4. MEDICAL CARE--ILLNESS CARE

Below is a definition for each of the FOUR FACTORS and an example or two. You should provide other examples.

I. ENVIRONMENTAL QUALITY: The safety of the environment in which people live. EXAMPLES: clean water, clean air, low stress, clean food (toxic chemicals in soils, etc.)

II. PERSONAL HABITS/LIFESTYLE: How people take care of themselves by the way they live. EXAMPLES: eat three meals a day, regular exercise, no smoking, moderate or no drinking, careful use of drugs.

III. HEALTH CARE--PUBLIC/PREVENTATIVE CARE: Public health measures to protect a population and preventative care of a population.
EXAMPLES: PUBLIC HEALTH sewers, public water supply, swimming pool inspection, food store inspection.
EXAMPLES: PREVENTATIVE CARE dental clinics, TB X-rays, annual checkups.

IV. MEDICAL CARE: ILLNESS CARE: What happens to people once they are sick or go to medical care professionals when they are in need. This PAL deals with MEDICAL CARE, in this sense. BUT 75% of a person's health depends upon the FIRST THREE FACTORS above! EXAMPLES: Maternity ward in a hospital, setting broken bones, rabies shots.

THE MAIN MYTH we have to deal with is the one that no matter what WE do, the doctor will be able, with his/her use of science and hospital, to save us. HEALTH BEGINS AT HOME WITH WHAT WE DO TO OURSELVES!

It is true that in America, doctors are held in high esteem. We expect miracles from them. I smoke too much, but when I get ill, I expect the doctor to cure me. I don't exercise properly, but when I get ill, I expect to be healed. We could cite many examples of the myth of momentous cure -- that we all accept to some degree.

But why do doctors have this high STATUS and POWER? Below we have listed several TYPES of power. Offer examples where doctors have this or that kind of POWER:

Power based upon the ability to give or withhold punishment, real or imagined.

Power based upon the control of scarce resources desired by others, coupled with others expectation of a positive benefit coming from those scarce resources.

Power based upon the desire of others to identify with, or associate with, a person or group with high status.

Power based upon the perception of others regarding that person as a source of information that is creditable and useful.

Do a Public Opinion Poll

Now that you understand something about the POWER of HEALTH CARE PROFESSIONALS, you might like to see what others think about the POWER of doctors, etc. To do this you will want to do a public opinion survey.

A public opinion survey is gathering the opinions of a particular group of people on a significant issue. Here you might want to survey high school students in your school, the dispositions of older Americans in your community, the feelings of the people who shop at a particular mall, or even a neighborhood group.

The steps in doing a public opinion poll are:

1. Be informed on the issues you are conducting the survey about. Be ready to explain the purposes of the survey to others.

2. Choose the topic for the survey and make a list of key questions you want to ask. Be brief.

3. Decide how you will tally and REPORT on the survey to others -- newspaper report, news release, TV announcements, etc.

4. Decide who you are going to survey -- what group of people.

5. Decide how you will SAMPLE the group. You do not have to interview everyone, you may speak to one out of ten, or one out of a hundred.....depending upon the size of the group. Look up the word *RANDOM* in the dictionary, and do a RANDOM survey of your target group.

6. Do the survey in a friendly, professional way. Tally the results and report on them!

Sample Survey Questions:

DO DOCTORS HAVE POWER OVER AMERICANS' HEALTH?

If so, why do they have power?
What are good reasons for this power?

WHAT ARE THE MAJOR PROBLEMS WITH MEDICAL CARE IN AMERICA:
Cost? Availability? Skill?

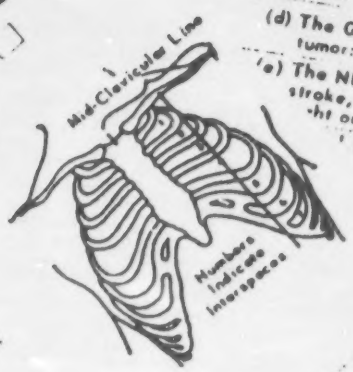
WRITE a press release or a radio spot announcement on your findings.

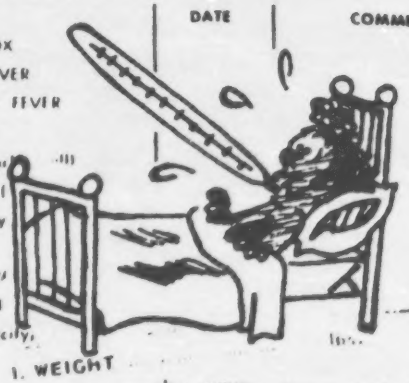
Hopefully, by now it should be obvious that consumers need to evaluate the quality of medical care received. To do this, you need to know just what questions to ask. The seven topic areas of this PAL will help make this clear.

1. FINDING A DOCTOR
2. IS YOUR DOCTOR QUALIFIED?
3. THAT DREADED WORD: HOSPITALIZATION
4. DO I LET THEM CUT ON ME?
5. DO I CALL MY DOCTOR?
6. EMERGENCY: GETTING HELP *FAST*
7. U.S. MEDICAL CARE: HOW GOOD IS IT?

BEST COPY AVAILABLE

FINDING A DOCTOR





passwords ...

FINDING A DOCTOR

BEDSIDE MANNER	*A doctor's behavior and personality when treating a patient; a doctor who is comforting and friendly to his/her patients has a good "bedside manner"*
CONSULTANT	*A doctor or health care professional who gives a second opinion on a particular referral; usually a specialist in that particular area*
CREDENTIALS	*Facts about a doctor's background, experiences, and training*
DIAGNOSIS	*Determination of type of illness or ailment after carefully examining all the known facts*
GROUP PRACTICE	*Doctors who practice together in the same work environment, sharing facilities and expenses; may or may not practice the same specialty*
SPECIALIST	*A doctor who limits practice of medicine to a particular area; usually has received extra training in the specialty area*

Ready to Move On ?

Do You Know the Passwords ?

Brainstorming

YOU ARE ABOUT TO STUDY HOW TO SELECT A DOCTOR. BUT BEFORE STUDYING WHAT OTHERS THINK, BRAINSTORM YOUR OWN IDEAS.

BREAK INTO GROUPS OF THREE OR FOUR. GET SOME BIG SHEETS OF NEWSPRINT OR BUTCHER PAPER AND A MARKING PEN. YOUR TASK IS TO THINK OF FACTORS TO CONSIDER WHEN SELECTING A DOCTOR. AFTER YOUR GROUP HAS "BRAINSTORMED" IDEAS, THEN TRY TO CHOOSE THE THREE FACTORS YOUR GROUP CONSIDERS TO BE THE MOST IMPORTANT.

IF YOU DON'T KNOW HOW TO DO IT, READ THE GUIDELINES BELOW. EACH GROUP SHOULD BE READY TO SHARE ITS IDEAS WITH THE WHOLE CLASS AFTER TEN MINUTES.

BRAIN-STORM-ING: n. A means to get many imaginative ideas and solutions to problems, from small groups of persons.

Brainstorming is a group problem-solving activity. The rules are simple: no negatives! The object is to get as many ideas as possible out on the table -- the weeding out and refining will come out later.

In simple steps, here's how to run a brainstorming session:

A. Spell out the problem your group is going to tackle. The more specific the question, the more specific will be the suggestions.

B. Get together in a comfortable setting. Somebody should be a recorder for the group. Use newsprint and magic markers.

C. Size? Probably best with a small group -- enough people to get ideas, but not so many that you wind up with more voices making more noise than you can handle.

D. Set a time limit and allow only new ideas, fresh approaches, and positive statements to be offered.

E. Turn it loose! The leader should start it off with a few ideas and then encourage others to jump in with whatever comes to mind.

HOW TO CHOOSE A DOCTOR

First, you need a list of possible doctors. If you are moving to a new location, perhaps the easiest way to get the names of doctors is to ask a physician whose judgment you trust for recommendations. The physician may be acquainted with doctors in your new area.

Another good way is to call a local medical school, a hospital that's connected with a medical school, or a good local hospital. Ask for the department of family medicine, internal medicine, pediatrics, etc., and request the names of staff members who see private patients.

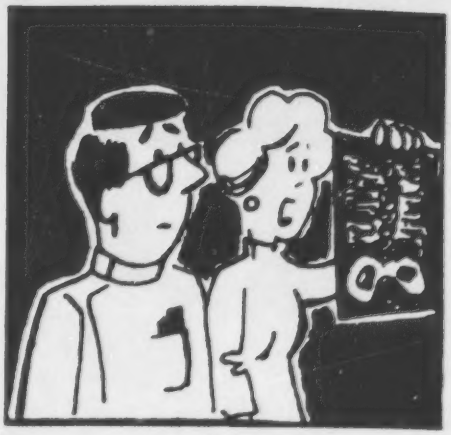
The local medical society will also provide names of doctors in your immediate area.[37]

With a list of possible doctors in hand, you can then make a survey (by phone or visits) to find one who seems suitable for you.

Ask all the "nitty-gritty" questions: fees, office hours, location, availability after hours, housecall policy, average waiting time for an appointment, etc.[14]

Before you make an appointment to see a doctor, get as much information about his/her credentials as you can, (more about this later on page 27). A local medical society may be cooperative in releasing this information. It could also be obtained from either the *American Medical Directory* or the *Directory of Medical Specialists* found in many libraries. You could even obtain this information by asking the doctor or office staff.[74]

Consider a doctor who is connected with a group practice. The cost is generally less. You may receive better care than from a doctor practicing alone. Doctors in a group practice are likely to consult with each other at will. "Peer pressure" encourages the physicians to remain up-to-date and use only accepted medical principles.[14] However, you may not like having a "group" of doctors instead of one. The relationships may not be as close as you would want.[5]



Find out at which hospitals the doctor has staff privileges. These are the hospitals in which he/she will treat you if you need to be hospitalized. You may prefer a physician who has staff privileges at a specific hospital close to your home.[74]

Although travel costs may be greater, for serious illnesses, give consideration to doctors connected with medical schools or teaching hospitals. They usually have superior training and keep up-to-date.[5]

If there is a local public-interest group operating in your area, find out if they have composed a directory of physicians. Contact the Health Research Group, 2000 P Street NW., Washington, D.C. 20036, to inquire if a directory is available for your area.[36]

HOW NOT TO CHOOSE A DOCTOR

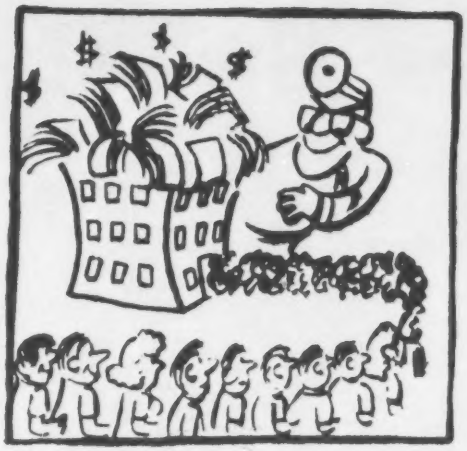
Do not wait until you are sick to begin looking for a doctor. When you're sick, you may not be thinking clearly enough to wisely evaluate the care you are receiving. An emergency situation is no time to be picky. When time is crucial, you don't want to waste even minutes figuring out whom to call. The first time you see a new doctor should be for nothing more serious than a routine check-up.

Some doctors will not accept new patients under emergency conditions, especially outside of regular office hours. Once a doctor has accepted you as a patient, however, he has an obligation either to treat you or to provide a substitute.[4]

Do not pick a doctor just because your friends or relatives recommend him.[29] Although their advice may be sound and well-intentioned, the doctor's ability to treat their various ailments does not mean he is well-prepared to handle yours.

Do not go looking for a specialist just because you have decided you need one. In the first place, your family doctor may be able to adequately handle your problem. In the second place, a specialist is usually more expensive than a general practitioner. In the third place, your family doctor can refer you, if necessary, to the right specialist. For instance, if you have an earache, your doctor may detect it is a tooth-related problem that needs a dentist's care, not the attention of an eye, ear and nose specialist.[62]

Avoid doctors who have no staff privileges at any hospital. Be extra cautious when considering doctors with staff privileges only at small hospitals. Dr. Arthur Levin, a New York City pediatrician, stated in his book Talk Back To Your Doctor that hospitals with fewer than 100 beds (over 3,000 of them nationwide) may have death rates forty percent higher than larger hospitals when the severity of their cases is considered.[48]



Do not choose a doctor just because he treats famous patients or is well-known. The fact that he makes you wait weeks for an appointment does not automatically make him a good doctor.[29] It does, though, probably make his rates incredibly high.

If you have not yet chosen a family doctor and you find yourself seriously ill, don't go thumbing through the yellow pages or asking a friend's advice. Head for the outpatient clinic of a hospital. You may, though, pay a high rate at the emergency room if no clinic is available.[48]

Give Your Doctor a Checkup!

Your job as a consumer is not over once you have chosen your doctor. Now that he will begin to treat you is when you will really want to give your doctor a checkup!

It is possible to do this sensibly even if you do not have a doctor's background. Here is a checklist of questions you should ask yourself about your doctor's care.

DOES YOUR DOCTOR...

- ✓ ...make you feel that you are his only patient and carefully listen to you describe your symptoms?
- ✓ ...give you a complete diagnosis and look for the causes of your symptoms?
- ✓ ...stress the importance of preventive medicine (adequate diet, exercise, no smoking, etc.)?
- ✓ ...explain the reasons for prescribing drug treatment, surgery, or expensive tests? Does he explain the possible risks and benefits of the treatment, and possible alternatives to it?
- ✓ ...appreciate receiving any knowledge you may have concerning your illness?
- ✓ ...act professional? Is his office neat? When you go in, does he have your records readily available?
- ✓ ...give you a thorough going over on your first visit to him, including a complete personal and family medical history and a very careful physical examination, checking all parts of your body, and including routine lab tests of blood and urine?
- ✓ ...respond in a positive and helpful manner when you suggest that you would like a second opinion on a given treatment or diagnosis? Does he feel threatened when you tell him you want another opinion?
- ✓ ...seem to like you? Do you feel comfortable confiding in him? Does he seem compassionate (compassion may be just as important as competence in medical practice)? [5, 14, 15, 29]

IF

...your doctor fails one or more of his checkup areas REPEATEDLY, it may be time to shop around for a new doctor.

REMEMBER

...that no matter how carefully you've chosen your doctor, he or she may later turn out to be unacceptable. Even if your doctor passes his checkup, any of these shortcomings may turn you off:

* His personality and yours may clash.
* He may not be frank enough to suit you, or perhaps he lacks a suitable "bedside manner."
* You may object to his fees.
* He may be too slow to call in consultants or ask for other opinions.
* He may act impatiently when you want to discuss details of your case.
* His office may be poorly organized (lost messages, double and triple scheduling, long waits, etc.) [37]

BUT

...don't get involved in a useless search for the ideal doctor. He probably doesn't exist. If you change doctors for small or petty reasons, you may turn out to be a bigger loser. There is a big advantage to constant treatment from the same doctor who becomes familiar with you and your background. (You'll also avoid the inevitable "new patient" charge for the screening tests and medical history.) [59]

In the long run, it's usually best to try to forget one or two minor uncomfortable moments with either the doctor or his staff, as long as your health is not seriously threatened by those incidents. [37,74]

FINDING A DOCTOR

READ EACH STATEMENT BELOW. IF IT IS GOOD ADVICE FOR CHOOSING A DOCTOR, WRITE "YES" IN THE BLANK; IF IT IS NOT GOOD ADVICE, WRITE "NO."

_____1. Consider a doctor's hospital privileges to be an important factor in your choice of a family doctor.

_____2. Don't bother asking a doctor unimportant questions about his office hours, location, house-call policy, etc.

_____3. Try to choose a doctor whose hospital privileges are limited to small profit-making hospitals.

_____4. Don't look for doctors connected to medical schools. They are poor choices for family doctors because they know more about books than real patients.

_____5. Don't waste time looking for a doctor until you need one. You don't know what will be wrong with you until it happens anyway.

_____6. The advice of friends and relatives is all-important in picking a doctor.

_____7. Don't look for a specialist because you feel you need one.

_____8. The *American Medical Directory* is a good source of information about a doctor's credentials.

_____9. Don't choose a doctor just because he treats famous people.

_____10. Your first visit to a new doctor should be for nothing more serious than a routine checkup.

Survey five to ten adults (family members, school personnel, etc.), asking them:

A. What is the factor which is most important to you when selecting a doctor? Why is that important?

B. Have you ever changed doctors, and if so, why?

How do you feel about the replies? Are their reasons for selecting a doctor also important to you? Do you think the reasons for changing doctors are valid?

BEST COPY AVAILABLE

IS YOUR DOCTOR QUALIFIED?

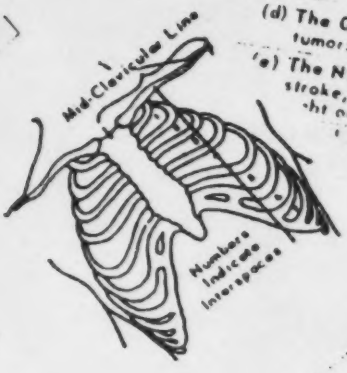
Father's

Mother's Name

DISEASES, OPERATIONS, INJURIES

DATE

COMMENTS



(b) The RESPIRATORY SYSTEM such as – Asthma, chronic bronchitis, blood spitting, pleurisy, or

(c) The GASTROINTESTINAL SYSTEM such as colitis, bleeding, diverticulitis, gallstones, liver disease, tumor?

(d) The GENITOURINARY SYSTEM such as tumor: sugar, albumin, blood or pus in

(e) The NERVOUS SYSTEM, EYES, EAR stroke, seizures, nervous breakdown

DATE

HEIGHT

WEIGHT

PHYS

OR NEEDS FOLLOW-UP

HAS GLASSES?

HAS HEARING

2. HEIGHT

Did you weigh

3. (a) Chest expanded

(b) Chest

4. BLOOD PRESSURE

Report diastolic at absence of all sound.

If 1st reading over 140/90 take two additio

Systolic

greatest

Y

mission

not is your impression of the murmur?

After 10 toe touches

Before exercise

Rate

Irregularities

RHYTHM

6. NEUROSIS, PSYCHOSIS

Were symptoms those o

(a) Psychoneurosis

ANXIETY

(b) MENTAL DISEASE

Was it a mild atto

State cause o

HYSTERIA

DO YOU NOW HAVE OR HAVE YOU HAD WITHIN THE PAST YEAR

Frequent or severe headaches

Fainting spells

Dizziness on change of position

Unconscious spells

Blurred vision

Double vision

Spots before eyes

Infected eyes

Pain behind eyes

Any change in vision

Do you wear

Wha

Lar

5. Is there any evidence of past or present

(a) HEART, BLOOD VESSELS, VARICO

sh ss of breath, arteriosclerosis

arrhythmia, enlarge

complete Heart Ch

FEEDING HISTORY

Formula

Prescribed Diet

Likes

ILLNESSES

Measles

Mumps

Rubella

Mastoid

Chickenpox

Scarlet Fever

Diphtheria

Pneumonia

Rheumatic Fever

Whooping Cough

Polio

Tuberculosis

Meningitis

Encephalitis

Epilepsy

Operations

Injuries

Allergies

Other

IMMUNIZATION AND SKIN TESTI

DOSE

MUMPS

RUBELLA

No Yes

Yes

Recent sore throat

Cold sores

Recent weight loss

Weakness or fatigue

Muscle pains

Loss or change in sensation

Trembling of any extremity

Growth on neck or throat

Hot flushes

Sweating without apparent cause

Night sweats

Digestion

Easy fatigue

Inability to stand heat

Inability to stand cold

Change in hair texture

Change in skin texture

Any skin rash

X RAYS Have you ever had a ch

Chest

Stomach or colon

Gall bladder

Extremities

Back

Teeth

Other

1.5

123

passwords ...

IS YOUR DOCTOR QUALIFIED?

ACUPUNCTURIST	A person with specialized training in relieving pain and treating disease by inserting fine needles into various points of the body
AAFP	American Academy of Family Physicians - a nationwide organization devoted to revitalizing general practice: has high membership standards, including continuing education requirements
AMA	American Medical Association - a nationwide organization for physicians
BOARD-CERTIFIED	The term given to a doctor when he has completed specialty training AND PASSED an examination given by one of the American Boards of Medical Specialties
BOARD-ELIGIBLE	The term given to a doctor when he has completed the training requirements of a specialty but HAS NOT taken or passed the certification exam given by one of the American Boards of Medical Specialties
CHIROPRACTOR	A health care specialist who treats patients primarily by using his hands to manipulate parts of the body; has a D.C. (Doctor of Chiropractic) degree
COLLEAGUE	A fellow worker in the same profession
COLLEGE	A group interested in continuing education in a particular specialty
DENTIST	A health care specialist who maintains and improves the health of teeth and related structures; has either a D.D.S. (Doctor of Dental Surgery) or a D.M.D. (Doctor of Medical Denistry) degree
FELLOW	The term given to a doctor who has met the extra requirements of a specialty set by a particular college
GENERAL PRACTITIONER	A M.D. (Doctor of Medicine) who has not limited his practice to a particular area of concern
INTERNIST	A M.D. with concentrated training in the broad area of internal medicine

INTERNSHIP	A doctor's first year of practical training after completing medical school and before any specialty training
LICENSE	The permission granted by a state to a doctor or other health care specialist to practice his profession in that state
OPHTHALMOLOGIST	A M.D. who is a specialist in the care of the eyes
OPTICIAN	A person who practices the trade of preparing, fitting, and selling glasses prescribed by other health care specialists
OPTOMETRIST	A health care specialist with a O.D. (Doctor of Optometry) degree who prescribes glasses or contact lenses and checks the eyes for vision problems
OSTEOPATH	A health care specialist with a D.O. (Doctor of Osteopathy) degree who diagnoses and treats diseases, but with a special emphasis on the muscular and skeletal systems of the body
PEDIATRICIAN	A M.D. who specializes in the care of children from birth through adolescence
PODIATRIST	A health care specialist with a D.P.M. (Doctor of Podiatric Medicine) degree who is concerned with the diagnosis, treatment, and prevention of abnormal conditions of the feet
PREPAID GROUP PRACTICE	A type of medical practice requiring patients to pay a certain amount for medical care on a regular basis, whether sick or not; total medical care is then provided when needed at very little or no extra cost
PSYCHIATRIST	A M.D. with training in handling mental problems with special treatment techniques
PSYCHOLOGIST	A person with special training in human behavior, both normal and abnormal, but who cannot prescribe drugs or admit patients to a hospital
QUACK	Someone who poses as a doctor or health care specialist and misleads or defrauds consumers with phony or harmful care
RESIDENCY	A doctor's specialty training after completing his internship; generally lasts from 2 to 5 years and usually takes place in a hospital

Ready to Move On ?

Do You Know the Passwords ?

YOU BET YOUR LIFE!

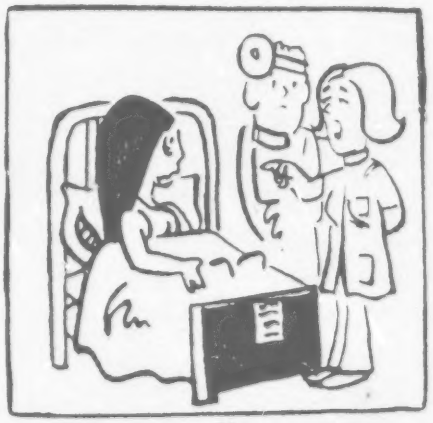
When you finally decide on one doctor as your personal physician, you're putting your life in his hands! With stakes that high, you certainly want the odds in your favor. Here are five areas to help you predict how well your doctor will perform:

1 Training

med school - internship - residency

Medical school is not, contrary to popular opinion, a very important guide. The school attended, or even class standings, are poor guides to future performance. A 1964 survey conducted by a team of University of Utah professors reported that there seems to be almost NO relationship between the grades a student gets in medical school and later competence or success in medical practice.[29] Perhaps a reason for this is that many medical students have not decided on their future careers or specialties.[48]

Internship, one year of practical training in a hospital after four years of medical school, is also not a good guide to a doctor's quality. Many interns are still not decided about their future specialty.[48]



"SINCE THIS IS YOUR FIRST TIME TO OPERATE ON ANYONE, YOU MIGHT AS WELL START ON THIS ONE."

Residency training is specialty oriented and lasts from two to five years.[22] Of the three main aspects of a doctor's education, residency training is perhaps the best guide to a doctor's quality.[48]

You can even find out if your doctor ever served as chief resident and supervised all the other residents. A doctor who was a chief resident is usually a person of higher-than-average ability. The hospital where a doctor was a resident keeps records and can tell you if he ever served as a chief resident. Simply ask for the department where he served his residency.[48]

2 Age

Few studies have been done on how age affects a doctor's performance. A 1956 study of nearly 100 North Carolina doctors (and a similar one in Canada in 1963) found that younger doctors seemed to try harder to keep their knowledge up-to-date. Older doctors, particularly after age forty-five, tended to practice medicine of a somewhat lower quality.[29,48] However, findings of studies conducted that long ago may not be applicable to today.

Younger doctors may have more energy and stamina for a twenty-four-hour-a-day job. But, they lack experience in dealing with minor illnesses that do not require hospitalization. They also may not have learned how to deal with the patient as a person, not simply a patient with symptoms to diagnose.[29]

3 Practice Environment . . .

In recent years, there has been an increasing trend toward the establishment of group medical practices where a number of doctors go together in a clinic or elsewhere to provide medical care. Some evidence suggests that doctors in a group practice may be better equipped to provide superior care than equally competent solo practitioners, doctors who practice alone.

The peer pressure of working with other doctors encourages a physician to remain up-to-date and use only accepted medical principles. There is also an opportunity for professional consultations and a wide range of medical services available that can save the patient time, money, and inconvenience.[14] However, there may not be a "close relationship" between patient and doctor.[5]

4 Continuing Education . . .

Some authorities have estimated that almost one-half of everything a doctor now learns in medical school is outdated within six to seven years.[29] You can see the need to choose a doctor who at least makes some effort to keep his medical knowledge up-to-date. Conscientious doctors do this by reading professional journals, attending conferences, courses, and lectures, and consulting with other doctors.[54]

Credentials . . . M.D. degree - state license - hospital appointment - specialty

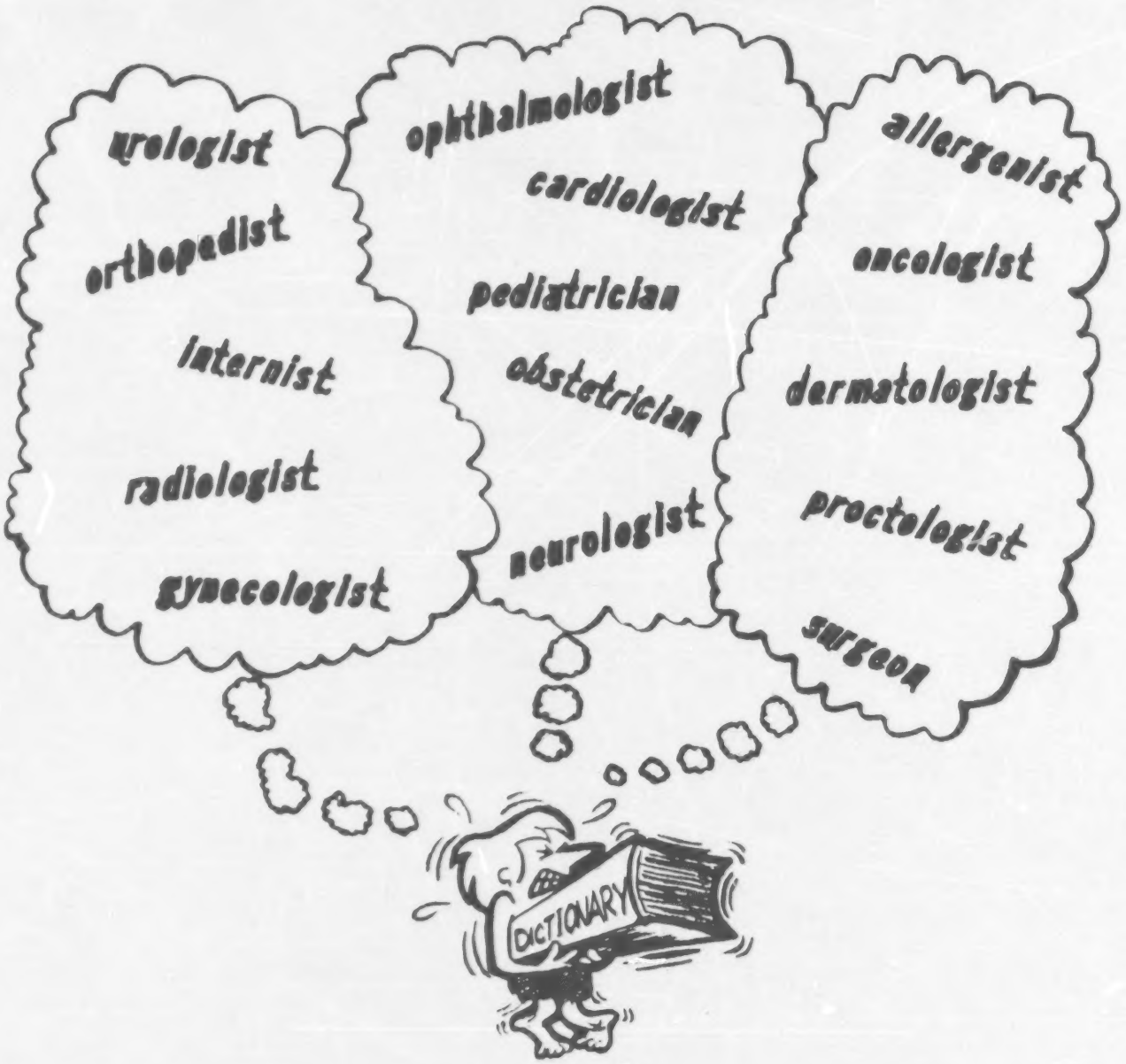
Credentials are very important in choosing a doctor, if only to assure yourself of receiving at least a minimal level of care.

Of the four credentials shown above, the M.D. degree is the least important.[48] All this tells you is that a doctor graduated from a school of medicine. This does, though, set him apart from other kinds of "doctors": osteopaths (who use the initials D.O.), dentists (D.D.S.), podiatrists (D.P.M.), etc.

A doctor must have a state license to practice legally in that state. It is not difficult to find out if any doctor is legally qualified. Your state health or education department will give you this information, or you might possibly get it from a local medical society. Another source is the *American Medical Directory* (found in many public libraries), which lists all of the nation's legally qualified M.D.'s.[48]

Hospital appointments are a very important credential. A doctor must be able to admit patients to a hospital. More important than the number of appointments is the quality of the hospitals involved. (If you can find a doctor connected to a teaching hospital, TERRIFIC!)[48]

A doctor's specialty is by far the MOST IMPORTANT credential. Let's examine this in more detail.



In the "good old days" picking a doctor wasn't too much of a problem. After all, a doctor was a doctor! Sure, some were better than others, but most had pretty much the same training.

Today, however, picking the right kind of doctor can be a chore, as our friend above is finding out. Things have certainly become more complicated in the last thirty years or so.

Before World War II, roughly 65 out of 100 doctors were known as general practitioners (or G.P.'s). As G.P.'s, they treated most bodily disorders. Today, according to the American Medical Association, slightly more than one-third of the doctors are G.P.'s.[56] What has happened?

AMERICAN MEDICINE HAS CHANGED!

Some time ago, doctors realized that it was becoming impossible to keep up with all the new knowledge being gained in the field of medicine. So the only answer seemed to be to gain deep knowledge in small areas of one field.

And so began the process called SPECIALIZATION.

Special medical specialty boards were formed and today there are 22 such groups, all members of the American Board of Medical Specialties. Each board ...

* sets up training requirements.
* gives examinations in its specialty area.[37]

A doctor ...

* is BOARD-CERTIFIED when he passes a specialty area exam. He is then called a DIPLOMATE of that board.
* is BOARD-ELIGIBLE when he has completed the training requirements of a specialty but hasn't taken the exam.
* may also be a member of a COLLEGE (a group interested in continuing education in a specialty). Once he meets certain extra requirements a doctor may be a FELLOW of the college.[37]

CONSUMER BE GLAD →

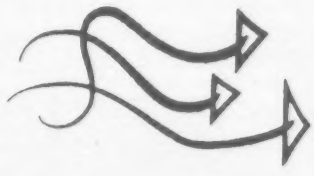
Several studies have shown that patients of board-certified specialists usually receive better care than patients of non-specialists.[48]

CONSUMER BE AWARE →

Any licensed doctor of medicine (M.D.) can legally practice any surgical or medical procedure. Board certification is not required. About one-third of the physicians who perform surgery regularly are not specialists.[54] *However, hospitals usually restrict doctors to practices closely related to their training.*

Find out if your doctor has received specialized training.

Check the initials he tacks on to the end of his name.



ALPHABET SOUP

WHAT DO ALL THOSE INITIALS MEAN ?

Most people are familiar with the initials "M.D.," for Doctor of Medicine. But there are many more abbreviations a doctor can list after his name to show that he has met the requirements of a particular specialty college. THIS DOES NOT MEAN THAT HE IS BOARD-CERTIFIED, ONLY THAT HE HAS RECEIVED SPECIALIZED TRAINING.

Here are some of the abbreviations commonly used by American doctors.

FACAI -- Fellow of American College of Allergists
FACA --- Fellow of American College of Angiology (blood vessels)
FACAn -- Fellow of American College of Anesthesiologists
FACC --- Fellow of American College of Cardiology
FCCP --- Fellow of American College of Chest Physicians
FACFP -- Fellow of American College of Family Physicians
FACG --- Fellow of American College of Gastroenterology
FACOG -- Fellow of American College of Obstetricians and Gynecologists
FCAP --- Fellow of College of American Pathologists
FACP --- Fellow of American College of Physicians
FACPM -- Fellow of American College of Preventive Medicine
FACR --- Fellow of American College of Radiology
FACS --- Fellow of American College of Surgeons
MACP --- Master of American College of Physicians
FRAP --- Fellow of Royal Academy of Physicians

Some states allow doctors to turn their practices into corporations (for tax purposes). This is commonly shown by the initials P.A. (professional association) after the doctor's name.

Exercises

This PAL advises consumers to use the reference book *American Medical Directory*, found in most public libraries, to find out more about a doctor's credentials. The following exercises will give you some practice in using that book.

Below you will find information which tells you how to read the numbers and codes after each doctor's name in the book. With this book you can look up any doctor in the country and find out a wealth of background information about him.

25TH EDITION AMERICAN MEDICAL DIRECTORY EXPLANATORY CODES AND KEY NUMBERS

Explanation of Codes Used in the Register Section of the Directory

DOE, John Robt • 220 N MAIN ST

43210	B22	ME048-02-49	L50
Postal Zip Code	Year of Birth	Medical Education Number	Year of License

NB49	AB85	OBG,PD		TDP01	SS336,708,756	PA40-02
National Board	American Specialty Board	Primary Specialty	Secondary Specialty	Type of Practice	Special Societies	Professorial Appointment

2

The first few pages of the *American Medical Directory* explain in detail how to read all of these numbers and codes. But, for this exercise we will just be concerned with only these three entries.

On the next page you will find the codes for these three entries. The entry for JOHN ROBERT DOE (shown above) gives the American Specialty Board Number as AB 85. By looking at the list of American Specialty Boards on the next page, this tells us that JOHN ROBERT DOE has received board certification from the American Board of Surgery.

In the same way, the list of Board Specialties on the following page tells us that JOHN ROBERT DOE specializes in Obstetrics, Gynecology, and Pediatrics.

MEDICAL SPECIALTIES

THE SPECIALTIES SHOWN ON THE RIGHT, INCLUDING GENERAL PRACTICE, ARE RECOGNIZED BY THE AMERICAN MEDICAL ASSOCIATION.

A	ALLERGY (SUB SPECIALTY OF INTERNAL MEDICINE)
ANES	ANESTHESIOLOGY
AM	AEROSPACE MEDICINE (SPECIAL FIELD OF PREVENTIVE MEDICINE)
CD	CARDIOVASCULAR DISEASE (SUB-SPECIALTY OF INTERNAL MEDICINE)
CHP	CHILD PSYCHIATRY (SUB-SPECIALTY OF PSYCHIATRY)
CRS	COLON AND RECTAL SURGERY
CR	DIAGNOSTIC ROENTGENOLOGY (SPECIAL FIELD OF RADIOLOGY)
D	DERMATOLOGY
FOP	FORENSIC PATHOLOGY (SPECIAL FIELD OF PATHOLOGY)
GE	GASTROENTEROLOGY (SUB-SPECIALTY OF INTERNAL MEDICINE)
GP	GENERAL PRACTICE
GPM	GENERAL PREVENTIVE MEDICINE (SPECIAL FIELD OF PREVENTIVE MEDICINE)
GS	GENERAL SURGERY
IM	INTERNAL MEDICINE
NS	NEUROLOGICAL SURGERY
N	NEUROLOGY
OBG	OBSTETRICS AND GYNECOLOGY
OM	OCCUPATIONAL MEDICINE (SPECIAL FIELD OF PREVENTIVE MEDICINE)
OPH	OPHTHALMOLOGY
ORS	ORTHOPEDIC SURGERY
OTO	OTOLARYNGOLOGY
PATH	PATHOLOGY
PD	PEDIATRICS
PDA	PEDIATRIC ALLERGY (SUB-SPECIALTY OF PEDIATRICS)
PDC	PEDIATRIC CARDIOLOGY (SUB-SPECIALTY OF PEDIATRICS)
PMR	PHYSICAL MEDICINE AND REHABILITATION
PS	PLASTIC SURGERY
P	PSYCHIATRY
PH	PUBLIC HEALTH (SPECIAL FIELD OF PREVENTIVE MEDICINE)
PUD	PULMONARY DISEASES (SUB-SPECIALTY OF INTERNAL MEDICINE)
R	RADIOLOGY
TR	THERAPEUTIC RADIOLOGY (SPECIAL FIELD OF RADIOLOGY)
TS	THORACIC SURGERY
U	UROLOGY
O	UNSPECIFIED (RETIRED, NOT IN PRACTICE, NO SPECIALTY REPORTED)
99	OTHER

2

AMERICAN SPECIALTY BOARDS

CERTIFICATES ARE GRANTED BY THE EXAMINING AND CERTIFYING BOARDS IN NINETEEN SPECIALTIES. THESE EXAMINING AND CERTIFYING BOARDS ARE APPROVED BY THE AMERICAN MEDICAL ASSOCIATION AND THE ADVISORY BOARD FOR MEDICAL SPECIALTIES.

05	AMERICAN BOARD OF ANESTHESIOLOGY	55	AMERICAN BOARD OF PEDIATRICS
10	AMERICAN BOARD OF COLON AND RECTAL SURGERY	60	AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION
15	AMERICAN BOARD OF DERMATOLOGY	65	AMERICAN BOARD OF PLASTIC SURGERY
20	AMERICAN BOARD OF INTERNAL MEDICINE	70	AMERICAN BOARD OF PREVENTIVE MEDICINE
25	AMERICAN BOARD OF NEUROLOGICAL SURGERY	75	AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY
30	AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY	80	AMERICAN BOARD OF RADIOLOGY
35	AMERICAN BOARD OF OPHTHALMOLOGY	85	AMERICAN BOARD OF SURGERY
40	AMERICAN BOARD OF ORTHOPAEDIC SURGERY	90	BOARD OF THORACIC SURGERY
45	AMERICAN BOARD OF OTOLARYNGOLOGY	95	AMERICAN BOARD OF UROLOGY
50	AMERICAN BOARD OF PATHOLOGY		

2

Exercises

The list of doctor's names on the right was taken from one page of the *American Medical Directory*.

The codes after their names are entered in the same way as the example of JOHN ROBERT DOE on page 27.

Use the two lists on the previous page to help you answer the following questions:

WHEATLEY, Richard A·2921 N BLACKSTONE 93703·B24
ME005-16-62 L56 ANES TOP01 SS636
WHEELER, Norman O·6464 N VAN NESS BLVD 93721·B12
ME005-12-37 L37 NB37 GP TOP01
WHITE, John Douglas, Jr·FRESNO COUNTY GEN HOSP
93702·B37 ME038-40-65 L66 OBG TOP04
WHITTEN, Richard H·2916 FRESNO ST 93721·B15 ME005-
02-46 L46 AB35 OPH TOP01 SS108,732
WHITWORTH, Geo F·3481 E SHIELDS AVE 93726·B25
ME005-11-49 L50 AB30 OBG TOP01 SS300,888
WIENS, Edwin Gerhard·2030 DIVISADERO ST 93721·B32
ME016-06-58 L59 IM TOP01
WILDE, N John·2934 N FRESNO ST 93703·B17 ME016-
11-43 L50 AB65 PS TOP01 SS888,672,336,918,216
WILEY, Dudley Eugene·FRESNO GEN HOSP 93702·B42
ME018-03-69 00 TOP03
WILKINSON, Jack E·2411 DIVISADERO ST 93721·B19
ME005-12-44 L44 NB43 AB85 GS TOP01 SS630
WILLERS, Carl Elmer·BOX 4040 93744·B12 ME005-
12-41 L41 AB05 ANES TOP01
WILLIAMS, Harold McNeal·FCDMH 4411 E KINGS CANYON
RD 93702·B32 ME010-03-58 L63 P TOP01 SS516
WILLIS, Chas Dubois·3546 E SHIELDS AVE 93703·B25
ME005-12-55 L56 AB75 N,P TOP01 SS516,084
WILLOUGHBY, Ross W·3002 N FRESNO ST 93703·B21
ME065-01-46 L49 GP TOP01 SS060
WINKLER, Gary Leo·FRESNO GEN HOSP 93702·B43 ME026-
04-69 00 TOP03
WINTER, Edna M Jacobson·1597 N VAN NESS AVE 93728·
B06 ME005-02-32 L32 IM TOP01 SS696,276,654
WITTE, Jack Bernard·2240 E ILLINOIS 93701·B27
ME048-02-55 L61 GP,PD TOP02
WIZBOWSKI, Raymond V·2250 E ILLINOIS 93721·B23
ME025-01-52 L57 AB85 GS TOP01 SS336,390
WOLF, Geo Glenn·3004 N FRESNO ST 93703·B19 ME028-
02-47 L47 IM,PUD TOP01 SS696,360
WOLFE, Dani Kershner, III·FRESNO COUNTY GEN HOSP
93702·B36 ME007-02-64 L67 OBG TOP04
WOO, Jos Clarence, Jr·1139 R ST 93721·B24 ME010-
01-48 L50 NB50 AB20 IM TOP01 SS696,654,312,264
YOUNG, John Edward·2531 DIVISADERO ST 93721·B09
ME005-02-35 L36 PD TOP01
ZEALEAR, David S·1357 W SHAW AVE 93705·B14 ME005-
02-41 L41 AB25 NS TOP01 SS840,336,852
ZEIFERT, Mark·1065 S ST 93721·B07 ME028-34-33
L45 AB75 N,P TOP01 SS084,516 PA05-06
ZEPS, E Frances·224 S CALLISCH ST 93721·B14
ME017-20-49 L68 PH TOP01

2

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1. Both Richard WHEATLEY and Carl WILLERS have the same specialty. What is it? Which one has board certification?

2. You are looking for a board-certified psychiatrist. You could choose from two doctors. Which two?

3. You're looking for a board-certified baby doctor. Can you find one on this list?

4. You've decided to have a face lift but want to be sure the plastic surgeon is board-certified. To whom would you go?

5. You're looking for a family doctor and have decided on a board-certified internist. Which doctor have you chosen from those above?

NARROWING DOWN THE FIELD

As you can tell from the list of specialties, there is quite a variety of doctors available to minister to every inch of your body. But which kind is your best bet for a family doctor? You can probably narrow your search down to these choices:

INTERNIST

This doctor has training in the broad area of internal medicine. He can take care of most common disorders but will send patients to specialists when need be. He's highly capable of dealing with heart and kidney disease, diabetes, and arthritis, as well as blood and endocrine system problems. His training may make him sensitive to emotional and social aspects of disease.[37] (Do not confuse internist with intern -- a recent medical school graduate living at a hospital for a year of practical training.)

OSTEOPATH

Another type of doctor is the osteopath. He is not a M.D. (Doctor of Medicine), but a D.O. (Doctor of Osteopathy). Osteopaths diagnose, prescribe remedies, and treat diseases. They are particularly concerned with problems involving the muscles or bones and often use a treatment which involves manipulating these systems with the hands. Osteopaths also may use medicines, surgery, proper diet, or psychotherapy in the treatment. An osteopath's training is similar to that given doctors in medical schools. Most of the American Boards of Medical Specialties now let osteopaths take their exams and qualify as specialists.[14]

G.P.

A M.D. who would make an ideal family doctor is the General Practitioner, or G.P. Like the internist and the osteopath, a G.P. is qualified to treat most common ailments, but he usually chooses not to deliver babies or perform surgery. By the end of 1973, almost 6,000 G.P.'s were board-certified by the American Board of Family Practice.[37]

PEDIATRICIAN

Babies are not just little people. They have very different needs than older adults, and children up to the age of sixteen require the careful checking of a special type of family doctor, a pediatrician. Pediatric care deals not only with the development and care of children, but also with the prevention and treatment of children's diseases.[48]

WHO'S A QUACK?

Most people think they know. The word "quack" is something funny to most people who think of outrageous machines or ridiculous cures. Actually, a real quack is not easy to spot.

No one likes to admit they've been taken or fooled. Many victims of quacks don't see themselves as victims. They don't believe they are being cheated.

Chances are very slim that you'll ever run into a quack, if you've chosen your doctor and examined his background and procedures as this PAL recommends. However, there's always the slight chance that even a legitimate doctor may indulge in "quack" remedies. Fortunately, quacks do leave some tell-tale signs. Here are some of the most common:

- *** He "guarantees" a quick "cure."
- *** He uses a "special" or "secret" machine, drug, or formula.
- *** He sells his "cure" through the mail or door-to-door.
- *** He promotes himself with case histories or testimonials.
- *** He tells you that X-rays and surgery do more harm than good.
- *** He asks you to sign a contract.
- *** He claims organized medicine is out to get him.
- *** He seeks publicity and recognition for his methods.
- *** He probably has no medical degrees and is not licensed.

4, 10, 15, 32, 56, 61

Many people still think of "quacks" in a humorous way, and are not alarmed by their phony cures or other frauds. After all, they say, the victim (patient) may be out a few bucks, but no real harm was done. What this argument ignores is the very real harm done by quacks who rob patients of something more valuable than money -- TIME. For example, early stage cancer patients, who might have been saved with prompt acceptable medical procedures, are often treated by quacks until the disease has become so obvious that it's too late for a cure from regular medicine.[32] Some M.D.'s complain that this is true of other ailments as well.

CHIROPRACTORS...

HEALERS OR QUACKS ???

The first chiropractor was an Iowa grocer who, some 80 years ago, claimed to have cured someone's deafness by twisting and working his spine. According to the grocer, a spine not properly adjusted pinches the spinal nerves, which in turn causes disease.[11]

For years, this was the primary belief of chiropractic, that adjustments to the spine can cure disease. While adjustments to the spine are still one of the standard chiropractic treatments, many chiropractors deny that they can cure serious diseases and concentrate instead on disease prevention.

Chiropractors and M.D.'s have been at one another tooth-and-nail right from the first. Here are some of the PRO's and CON's of chiropractic as viewed by M.D.'s and chiropractors:

con Because of the lack of chiropractic hospitals where chiropractors receive training, they are often called on to treat diseases they've never seen except in a textbook.[12]

pro *Many chiropractors DO NOT claim to be able to treat any ailments other than bone and joint problems, and many believe that patients SHOULD go to a M.D. if they have diseases.*[11]

con Many chiropractors claim that they can cure most, if not all, diseases. Adjusting the spine is often seen as a cure for bedwetting, high blood pressure, tuberculosis, acne, and even diabetes.[11,12]

pro *Many chiropractors today REJECT the idea that disease is caused by a spine out of adjustment and instead concentrate on disease PREVENTION. Emphasis is now on getting the body to function properly, since a properly functioning body will, by itself, resist disease.*[11]

con The extensive use of X-rays, the primary tool of diagnosis used by chiropractors, can damage eyes, bone marrow, reproductive organs, and thyroid glands.[13]

pro *Chiropractors argue that if their practice is so unsafe, why is the cost for malpractice insurance for them a mere fraction of what it is for M.D.'s?*[11]

con Chiropractic ignores the existence of germs, viruses, and other factors that contribute to disease and ailments.[11]

pro *Chiropractic advocates claim that much of the criticism of chiropractors comes from the established medical community in an attempt to keep out competition.*[12]

5,000,000

That's how many people each year are treated by doctors of chiropractic in the U.S. and Canada.[12] So regardless of who is right or wrong, one thing remains certain. Chiropractors will continue to thrive as long as patients get relief from them. Consumers will continue to hear more conflicting statements from each side:

con Chiropractors aren't qualified to treat many diseases or ailments, and the law prevents them from prescribing drugs or performing surgery.[20]

pro *Chiropractors claim that prescription drugs and major surgery often do more harm than good. The overuse of these procedures by regular doctors is one of the major problems of medicine today.*[11]

con Chiropractors rob patients and M.D.'s of time needed to treat serious problems while they can still be controlled.[70]

pro *When appropriate, some chiropractors will refer patients who appear to need medical care to local physicians.*[12]

con What success chiropractors have is largely due to the fact that most diseases will cure themselves.[13]

pro *Studies have shown that chiropractors get about 90 percent satisfactory results when dealing with back and neck complaints.*[73]

con Twisting and snapping the spine can cause sprains, fractures, paralysis, and even stroke.[13]

pro *The clicking and popping sound of twisting the spine may psychologically help the patient and is not dangerous when performed by a qualified chiropractor.*[11]

con The chiropractor receives less classroom training than the M.D.; only 4 years of chiropractic training after a minimum of 2 years of regular college.[11] The college requirement has just been in existence since the early 1970's.[12]

pro *Many patients are reassured just by the fact that a health-care specialist is working on their problems, and this fact by itself is helpful in clearing up many ailments.*[13]

CONSUMER BE AWARE → *Avoid chiropractors who advertise free X-rays; there is a great danger in over-radiation. Also watch out for chiropractors who put down other health professionals and will not refer patients to other medical providers.*[13]

Open and Closed Cases

When controversy is involved, we know that there are at least two sides and maybe more.....Should welfare payments to the poor be increased? Should taxes be lowered in your community? Should we increase foreign aid to poor nations? Should we open a Federal consumer protection agency? Should we give nuclear weapons to Biafra? There are many controversial questions -- serious ones -- with many sides to the arguments.

When we study those serious controversial questions, we sometimes have a lot of evidence and our values are clear. Thus, we can make a judgment and feel confident that it is right and responsible. That is a CLOSED CASE. On the other hand, there are many times when the evidence is not clear or when research findings conflict! We cannot safely and confidently draw a conclusion and feel comfortable. That is an OPEN CASE. We await more evidence and spend more time reflecting...

Let's consider the CASE of CHIROPRACTORS.

You have studied the pro's and the con's as presented here in this PAL. Do you have enough evidence to declare this an OPEN or a CLOSED case for you?????

___/ OPEN ___/ CLOSED

What reasons do you have?

Check out others' decisions in your class. Discuss why some see the case as CLOSED while others see it as OPEN. How could that be? You all have pretty much the same evidence, don't you?

THE EYES HAVE IT!!

Many people seem to forget that their eyes are parts of their bodies which require medical attention from time to time. But several types of health-care professionals specialize in eye-care. Let's examine each one:

look → optometrist

Optometrists prescribe about two-thirds of all the glasses and contact lenses worn by people in the United States and Canada. They perform various tests to check the ability of the eyes to work together to perform visual tasks. An optometrist may also recommend exercises to help overcome certain vision problems. He may refer patients to an M.D. if he suspects that there may be diseases of the eye or other parts of the body.[22,44]

Optometry is legalized as a profession in every state. In order to practice optometry, an optometrist must pass a state examination. This is after he has completed 2 years of pre-optometry college work and then graduated from a 4-year school or college of optometry. Since 1965, the Doctor of Optometry degree (O.D.) has been awarded by all schools and colleges of optometry.[44]

ophthalmologist ← look

An ophthalmologist (sometimes called an oculist) is a medical doctor (M.D.) who has had from 2 to 5 years of special training in a hospital. He limits his medical practice to the eye. An ophthalmologist may perform all of the tests done by the optometrist, and he may also perform surgery to correct some eye problems. An ophthalmologist might discover some other body diseases through eye examinations.[22,69]

look → optician

100 years or so ago, those who made eyeglasses and other optical instruments were members of guilds of opticians. Soon, however, some opticians began examining eyes. By 1904, these opticians were known as optometrists. Today, opticians limit their trade to preparing, fitting and selling glasses that are prescribed for patients by optometrists or ophthalmologists.[69]

VISIT YOUR DENTIST; YOU WON'T BE BORED TO TEARS!

An important feature of preventive medicine is regular dental care. Most Americans are all too familiar with dental problems. But dentistry has other consequences that reach beyond your mouth. For example:

* *Several dangerous diseases, leukemia for one, may first be seen in the mouth. Syphilis, tuberculosis, and diabetes may also cause changes that a dentist may notice in the mouth.*

* *The opposite is also true. Some infections starting in the mouth may spread to the rest of the body.*

* *Teeth that are loose or not properly in line may cause improper chewing, poor digestion, poor nutrition, and consequently ... POOR HEALTH.* [38]

Proper dental care is, indeed, a vital part of total medical care. A good dentist can contribute to your general state of health, while a poor dentist may be as bad as no dentist at all.

Locating a good dentist requires time, patience, and a little research. Many of the rules for locating a good doctor also apply to locating a good dentist. Before examining some of these guidelines, you need to first do a little investigation into the training and licensing of dentists.

TRAINING? Dentists, like M.D.s, must complete 4 years of schooling over and above their 4 years of college training. 4 years of dental school lead to either a Doctor of Dental Surgery (D.D.S.) degree, or a Doctor of Dental Medicine (D.M.D.) degree.

SPECIALTY? To qualify as a specialist in an area of dentistry, at least two years of training beyond dental school, plus practical experience in the speciality, is usually required. Eight specialty areas are currently recognized by the American Dental Association (ADA). In fourteen states a dentist cannot list himself as a specialist or practice only that specialty until he has first passed an examination given by the state.

LICENSE? A dental school graduate is not allowed by law to simply set up an office and begin to practice. He must first receive a license. To do this, he must pass a written national examination (accepted by 49 states). Then he must pass a performance examination given by the state in which he wants to practice. [38]

One organization that checks the quality of dental and medical care for insurance companies has found that about one-fourth of the treatment plans submitted by dentists had to be corrected, mostly because of poor diagnosis and treatment planning.[28]

It's been estimated that six million teeth are pulled unnecessarily each year. These teeth could have been saved by other treatments.[28] Such statistics clearly show the need to find a good dentist with a strong belief in saving teeth.

Finding a Good Dentist

Here are ways to get the names of dentists you may wish to consider:

* *If there is a dental school nearby, call and ask for the names of faculty members who practice in your community. Dentists who teach are highly respected by their collegues and are usually interested in keeping up with the latest advances. To locate the nearest dental school, call your local dental society or write to:*[38]

American Dental Association
211 E. Chicago Avenue
Chicago, IL 60611

* *Ask a dental specialist - such as an orthodonist (who straightens teeth) - for recommendations, or find out what dentists local physicians use. They should be fairly good judges of the quality of dental work.*[18]

* *If a hospital or neighborhood health center in your area provides dental services, ask the dentist in charge for recommendations, or check with the local dental society.*[38]

You should also take into account these factors:[18, 38]

THE AVERAGE WAIT BETWEEN THE REQUEST FOR AND THE DATE OF AN APPOINTMENT
THE DENTIST'S LOCATION AND OFFICE HOURS
PROVISIONS FOR EMERGENCY CARE
SMOOTHNESS OF OFFICE OPERATION
TYPE OF AUXILIARY PERSONNEL USED REGULARLY
COMPLETENESS OF MEDICAL AND DENTAL HISTORY
THOROUGHNESS OF EXAMINATION
CLEAR EXPLANATION OF TREATMENT ALTERNATIVES
FEE SCHEDULE
BELIEF IN PREVENTING DISEASE
ATTEMPTS TO MAKE PATIENT COMFORTABLE

A BRUSHUP ON DENTAL CARE

YOU HAVE TO BE YOUR OWN "DENTIST" ABOUT 364 DAYS EACH YEAR. GOOD DENTAL CARE IS A DAILY NECESSITY. EVEN THE BEST DENTIST IN THE WORLD WOULD BE WASTING TIME TRYING TO CARE FOR A PATIENT WHO DOESN'T TAKE CARE OF HIS OWN TEETH.

Many of the following tips you've probably heard and read many times before, but this time, remember: *PREVENTION IS THE BEST CURE!*

Brush and floss your teeth at least once a day, preferably for five to ten minutes a day.

Brushing helps clean out plaque, a sticky, colorless film of bacteria that is constantly forming in our teeth, expecially around the gum lines. When you eat foods containing carbohydrates (starches and sugars), an acid is formed and plaque holds the acid against the tooth surface, causing decay.

Ideally, you should brush after every time you eat, but if that is impossible, then rinse your mouth out thoroughly.[28]

Pay attention to what and when you eat.

Sweets are especially harmful to teeth. Decay-causing bacteria just love candy, soft drinks, cookies, and other sugar-rich foods, particularly sticky foods. Acid builds up very fast in the mouth after you eat sweets. If your teeth decay readily (and ninety-five percent of all Americans do suffer from some degree of tooth decay[56]), then you would be wise to limit your intake of sweets.

However, even more important factors than the amount of sugar consumed are the frequency of eating and the length of time the sticky food stays on your teeth. The more times you eat (including snacks) and the longer food is left on teeth, the greater the risk of cavities.[58]

Enlist fluoride to help you fight cavities.

Toughening the teeth themselves against decay seems to be the most promising way to reduce the number of cavities, and the substance flouride can do that job most effectively.[56]

For maximum protection, fluoride needs to be included in the diets of growing children. Adding small amounts of fluoride to a community's drinking water is a safe, effective, and inexpensive way to include it. Children who drink fluoridated water for their first twelve years of life average sixty percent fewer cavities than children without the fluoride benefit.[56]

Even if you don't live in an area with fluoridated water, you can still get some of fluoride's benefits by having it applied directly to your teeth by your dentist. Regular use of some fluoride toothpastes are also effective in reducing the incidences of cavities--look on the label for a statement by the American Dental Association (ADA).[56]

... and all the others:

SEVERAL OTHER KINDS OF HEALTH-CARE PROFESSIONALS HAVE NOT YET BEEN MENTIONED IN THIS PAL. HERE ARE SOME OF THEM, PROVIDING CARE FOR PARTS OF THE BODY RANGING FROM THE HEAD TO THE FEET. NOTICE THAT ONLY THE FIRST ONE, PSYCHIATRIST, IS A MEDICAL DOCTOR.

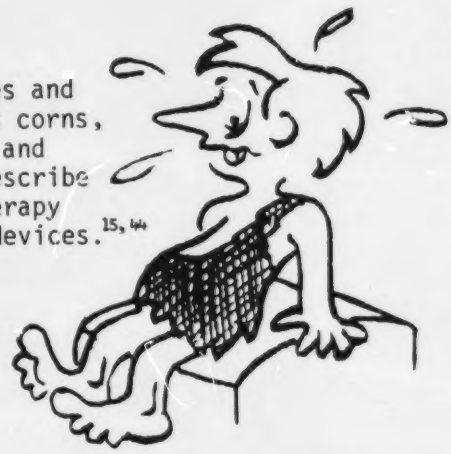
psychiatrist

A psychiatrist (also called a psychoanalyst) is a physician (M.D.) with special training in mental and emotional disorders and has had training in special treatment techniques.[42] Psychoanalysis is based on the belief that unpleasant experiences, especially childhood ones, are buried in the mind and can cause mental illness. A psychiatrist may try to have the patient recall unpleasant experiences in order to deal with them.[44]

psychologist

A psychologist is very similar to a psychiatrist, but there are two main differences between the two. While psychiatrists deal almost entirely with mental illness, psychologists study all kinds of human behavior, normal and abnormal. Secondly, a psychiatrist is a medical doctor while a psychologist is not a doctor of medicine and cannot prescribe drugs or perform surgery.[15]

podiatrist



A podiatrist diagnoses and treats foot diseases and deformities. He takes care of such conditions as corns, calluses, bunions, and other skin, muscle, bone, and joint problems of the foot. A podiatrist can prescribe drugs, perform minor surgery, or use physical therapy devices. He may also prescribe corrective shoe devices.[15,44]

Five schools of podiatry are now accredited in the United States. They give a doctor of podiatric medicine degree (D.P.M.) after four years. A podiatrist must also have had two years of college work, including courses in chemistry and biology.[44]

acupuncturist

An acupuncturist relieves pain, and treats disease, by inserting very fine needles into the body at specific points called loci. Current U.S. interest in acupuncture could be a result of former President Nixon's trip to China in 1972.

Currently, in this country, federal and state agencies consider acupuncture to be an experimental technique. The safety and effectiveness of this technique have not been established.

The Food and Drug Administration requires that a doctor receive from a patient an "informed consent" before using acupuncture on him. The doctor must explain to the patient what the procedure is, any risks or discomforts that may occur, what they might be, what alternate procedures are available, and lastly, he must explain that the patient may withdraw at any time.

Consumers should be warned that there may be poorly trained practitioners who have had short crash courses or are self-taught. At the present time, so little is really known in this country about acupuncture that it is difficult to separate the competent from the incompetent acupuncturist. Your state licensing board can tell you what requirements an acupuncturist must meet in order to practice in your state.[17]

IS YOUR DOCTOR QUALIFIED?

PART A

MATCH THE HEALTH-CARE SPECIALIST IN COLUMN A TO THE DESCRIPTION IN COLUMN B. WRITE THE LETTER FROM COLUMN B IN THE BLANK SPACE BY THE TYPE OF SPECIALIST.

	COLUMN A		COLUMN B
1. _____	ACUPUNCTURIST	a.	a M.D. in his first year after medical school
2. _____	CHIROPRACTOR	b.	not a M.D., but his training is nearly identical to one
3. _____	INTERNIST	c.	his specialty is child care
4. _____	INTERN	d.	he treats disease by inserting needles into the body
5. _____	OPHTHALMOLOGIST	e.	a M.D. who specializes in the care of the eyes
6. _____	OPTOMETRIST	f.	not a M.D., but he uses his hands to manipulate parts of the body
7. _____	OSTEOPATH	g.	not a M.D., but he prescribes glasses
8. _____	PEDIATRICIAN	h.	a M.D. who specializes in Internal Medicine
9. _____	PODIATRIST	i.	he deals with human behavior
10. _____	PSYCHOLOGIST	j.	not a M.D., but he cares for the feet

PART B

EITHER SUPPLY THE CORRECT MISSING WORD, OR CROSS OUT THE INCORRECT CHOICE:

1. _____ training is the same thing as specialty training and usually lasts from two to five years.

2. A reference book called the _____ _____ lists all of the nation's legally qualified M.D.'s.

3. With a doctor's hospital appointments, the (number/quality) of appointments is the most important consideration.

4. A doctor is known as a DIPLOMATE of _____ - _____ when he passes a specialty area examination given by one of the American Boards of Medical Specialties.

5. A doctor is said to be _____ - _____ when he completes the training requirements of a specialty but has not taken or passed the examination.

6. Before specialization became so common, most doctors were known as _____ _____.

7. A doctor who guarantees a quick cure, or who uses a special or secret machine, is probably a _____.

8. In order to practice, a dentist must pass a _____ national examination, and then a _____ examination.

9. An _____ does not prescribe glasses; he just makes and fits them.

10. _____ is the best cure for good dental care.

A. One of the latest controversies concerns the drug Laetrile. The Food and Drug Administration (FDA) contends that Laetrile is a "quack" drug with no proven cancer-curing qualities. However, many cancer-stricken individuals and their families are fighting for the opportunity to try it. What do you think? Should the government prohibit the use of a drug which they consider useless in order to encourage cancer victims to seek treatments of proven value? (Many patients with cancers in early stages have turned to Laetrile with tragic results. They possibly could have been cured with other means.)[32,41,46,47]

B. What factors do you think could have accounted for the decline in the number of doctors going into general or family practice in the last thirty years?

C. Although it is gradually changing, most states do not require a doctor to take additional course work in order to renew his license. What do you think about this?[37] Should a continuing education program be required of doctors?

BEST COPY AVAILABLE

THAT DREADED WORD: HOSPITALIZATION

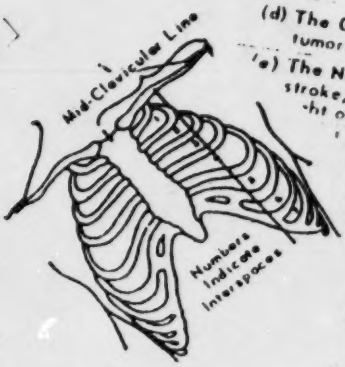
Father's

Mother's Name

DISEASES, OPERATIONS, INJURIES

DATE

COMMENTS



(v) Have you had any electrocardiograms, when,

(b) The RESPIRATORY SYSTEM such as – Asthma, chronic bronchitis, blood spitting, pleurisy, or

(c) The GASTROINTESTINAL SYSTEM such as colitis, bleeding, diverticulitis, gallstones, liver disease, tumor?

(d) The GENITOURINARY SYSTEM such as tumor: sugar, albumin, blood or pus in

(e) The NERVOUS SYSTEM, EYES, EAR stroke, seizures, nervous breakdown

HEIGHT

WEIGH

Did you weigh

OR NEEDS FOLLOW-UP

PHYS

2. HEIGHT

3. (a) Chest expanded

(b) Chest contract

HAS GLASSES?

HAS HEARING

4. BLOOD PRESSURE

Report diastolic at absence of all sound.

If 1st reading over 140/90 take two additior

Systolic

After 10 toe touches

6. NEUROSIS, PSYCHOSI

Were symptoms those of:

(a) Psychoneurosis

ANXIETY

(b) MENTAL DISEASE

Was it a mild attac

State cause or

HYSTERIA

DO YOU NOW HAVE OR HAVE YOU HAD WITHIN THE PAST YEAR

Frequent or severe headaches

Fainting spells

Dizziness on change of posture

Unconscious spells

Blurred vision

Double vision

Spots before eyes

Inflected eyes

Pain behind eyes

Any change in vision

Do you wear gl

5. PULSE

RHYTHM

4. Is there any evidence of past or present

(a) HEART, BLOOD VESSELS, VARICO

shortness of breath, arteriosclerosis

murmurs, arrhythmia, enlarge

complete Heart Ch

Rate

Irregularities

Muscle spasms

Loss or change in sensation

Trembling of any extremity

Growth or neck or throat

Hot flashes

Tenderness, redness, or sore

Restlessness at night

Depression of face

Easy bruised

Inability to stand heat

Inability to stand cold

Change in face feature

Change in skin texture

Any skin rash

X RAYS. Have you ever had a ray

Chest

Stomach or colon

Gall Bladder

Extremities

Back

Teeth

Other

FEEDING HISTORY

Formula

Prepared Diet

Likes

Habits

Hours

ILLNESSES

DOSE

Pertussis

Measles

Rubella

Mumps

Chickenpox

Scarlet Fever

Ear Infection

Otitis Media

Asthma

Rheumatic Fever

Tuberculosis

UNIZATION AND SKIN TESTIN

DOSE

MUMPS

RUBELLA

passwords ...

THAT DREADED WORD: HOSPITALIZATION

ACCREDITATION	*The status a hospital receives after it has met basic operating standards for quality of patient care and services established by the Joint Commission on Accreditation of Hospitals*
AUTOPSY	*An examination of a dead person to discover the cause of death*
BILL OF RIGHTS	*A list of hospital patients' rights as established by the American Hospital Association*
HOSPITALIZATION	*The period of time a patient spends in a hospital for surgery, tests, recuperation, etc.*
INTENSIVE CARE UNIT	*A special service unit provided by many hospitals for seriously ill patients where specially trained nurses and special equipment constantly monitor a patient's condition; also known as I.C.U.*

Ready to Move On ?

Do You Know the Passwords ?

200
AP 148

The hospital today is the cornerstone of the health care delivery system. Hospitals offer many services in order to restore and maintain health. Even the smallest hospital is a complex institution which brings together physicians, social workers, nurses, nutritionists, technologists, administrators, and support personnel.

But many people dread hearing the words, "You need to go to the hospital." Why do you think this is so? Form into groups of three or four and BRAINSTORM as many reasons as you can think of for people fearing HOSPITALS . . . and HOSPITALIZATION. (Follow the rules for brainstorming given on page eleven.)

HOLD YOUR LISTS! After you have studied this section of the PAL, you can come back to your lists and evaluate your reasons. Given the new information you then have, determine which reasons seem true. Determine which reasons do not seem to be valid.

Hospitals aren't all alike

In the U.S., where there's a shortage of doctors, nurses, dieticians, X-ray technicians, and other professional and technical workers, it could be unnecessarily dangerous to enter a hospital. Some hospitals have tried to fill intern and residency positions with graduates of foreign medical schools, but this often adds a language problem between doctor and patient.[30]

Hospital employees are human, just like plumbers, carpenters, or anyone else. BUT, while a plumber's error may cause a pipe to leak, a hospital worker's error could cost you your life. Serious errors are possibly more likely to happen in hospitals dangerously understaffed than in hospitals with all positions filled with qualified personnel.[75]

If and when the time comes (and let's hope it doesn't), choose your hospital with great care. A wide variety of differences among hospitals could affect the QUALITY and the COST of the care you receive.

Is the hospital accredited?

There is no legal requirement that a hospital or any other type of health-care facility be accredited, but about two-thirds of U.S. hospitals are accredited by the Joint Commission on Accreditation of Hospitals (JCAH).[56] These hospitals have voluntarily met basic operating standards established by JCAH. How well they stick to these standards is checked by inspection teams periodically. Accreditation improves your chances of receiving quality medical care while hospitalized.[10]

Consumers can check to see if a hospital is accredited. Look for a certificate in the lobby, or ask the administrator. You can also write to:[34]

Hospital Accreditation Program
875 North Michigan Avenue
Chicago, IL 60611

Is it a teaching hospital?

Teaching hospitals may have higher standards than non-teaching hospitals--both in accepting physicians on their staff and in setting limitations on what they may do.[42]

Teaching hospitals have programs for training medical personnel. The best type is one which is connected with a medical school since it most likely has a broad range of family doctors and specialists. These hospitals also attract good young doctors who need residency training in specialties.

Unfortunately, medical schools and medical school-connected hospitals are few and far between in the U.S. So, the next best bet is a hospital that is approved for residency training of doctors. If this is not available in your area, look for hospitals that have nursing schools, or which train laboratory or X-ray technicians.[37]

Who owns the hospital?

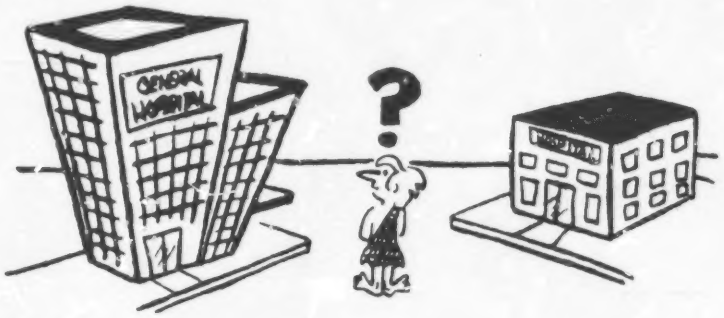
Basically there are three types of hospitals:

Voluntary, community, or non-profit hospitals usually are administered by religious or other volunteer organizations. Usually they offer good facilities and staff. The best voluntary hospitals strictly inspect, evaluate, and control the medical activities of their doctors.

Proprietary (privately owned and profit-making) hospitals are, of course, set up to help sick people, but they are also set up to make money. Usually they offer more comfortable surroundings to the patient, and the food may be slightly better than in other hospitals, but they may be less strict about qualifications and activities of their doctors. Some of these hospitals are also small and lack certain equipment and services. Therefore, they may be fine for routine illnesses, but not for complicated conditions.

Government-supported hospitals are more likely to give medical care to the needy. These hospitals usually give good medical services, but may lack the comfort of other types of hospitals. Some of their services may also be subject to the whims of government budgets and cutbacks in funds.[14, 15, 37]

SIZE: HOW IMPORTANT IS IT?



Whether or not the size of a hospital matters in terms of how good your care will be is something that health experts have argued about for years.

Good hospitals come in all sizes and shapes, with some of the smallest providing excellent care.

In general, though, the larger hospitals are better equipped and staffed to provide complete medical care. For instance, practically all hospitals with 300 or more beds have intensive care units and recovery rooms, while only one-third of hospitals with fewer than fifty beds offer these services.[15] Smaller hospitals, particularly with fewer than 100 beds, may have a death rate up to forty percent higher than larger hospitals when the seriousness of the cases is considered.[48]

Large hospitals can afford to offer a wide variety of services, more so than can smaller hospitals. For example, a large, well-equipped hospital may attract to its staff a doctor who does only one very specialized type of surgery, while a smaller hospital probably does not have the necessary facilities or equipment.

Another example is open-heart surgery, a service needed by very few people. Experts also say that an open-heart unit must do an average of four to six operations a week--or at least 200 a year--to keep its skills up to par.[43] Only the very largest hospitals can handle this load.

CONSUMER BE GLAD →

Consumers can find out information (such as ownership, size, accreditation, services offered etc.) about any hospital by looking in the "Hospital Guide Issue" of the American Hospital Association's journal.[29] *This magazine may be in your local library, but if not, you can get a copy by writing to:*

American Hospital Association
840 North Lake Shore Drive
Chicago, IL 60611

When you need servicing...

While a hospital's size is an important consideration in choosing a hospital, the services it offers may be even more important.[48] For example, not many people would knowingly choose to undergo surgery in a hospital which had no blood bank.

Nor would you probably like to have surgery of a serious nature in a hospital that lacked a recovery room; nor would you care to have surgery to investigate the seriousness of a tumor in a hospital without a pathology lab.

Before you enter a hospital, find cut what services it offers. Depending on your problem, either physical, emotional, or financial, some of these services may be more important to you than others.

POSTOPERATIVE RECOVERY ROOM
INTENSIVE CARE UNIT -- CARDIAC
INTENSIVE CARE UNIT
OPEN-HEART SURGERY
DIAGNOSTIC RADIOISOTOPES (BRAIN SCANS, LIVER SCANS, ETC.)
THERAPEUTIC RADIOISOTOPES (USUALLY FOR TREATMENT OF MALIGNANCY)
EEG (ELECTROENCEPHALOGRAM, OR "BRAIN WAVE")
RENAL (KIDNEY) DIALYSIS (BOTH IN- AND OUT-PATIENT)
OUTPATIENT DEPARTMENT/EMERGENCY WARD
ORGAN BANK (CORNEAS, KIDNEYS, ETC.)
INHALATION THERAPY (RESPIRATORS, ETC.)
ABORTION (IN- AND OUT-PATIENT)
PHARMACY
X-RAY THERAPY
COBALT THERAPY
RADIUM THERAPY
HISTOPATHOLOGY LAB
BLOOD BANK
PREMATURE NURSERY
SELF-CARE UNIT
EXTENDED CARE UNIT
BURN UNIT
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
REHABILITATION
PSYCHIATRY
PSYCHOLOGY
PSYCHOLOGICAL TESTING
SOCIAL SERVICE
FAMILY PLANNING
GENETIC COUNSELING
HOME CARE
DENTISTRY
PODIATRY
SPEECH THERAPY
DIETARY COUNSELING

40 152 01

GIVE THESE SERVICES AN EXTRA LONG LOOK:

intensive care unit

NEEDED FOR SERIOUSLY ILL PATIENTS, REQUIRES SPECIALLY TRAINED NURSES AND SPECIAL EQUIPMENT, MOST VALUABLE FOR HEART ATTACK VICTIMS. STUDIES SHOW 25 PERCENT LESS CHANCE OF DYING FROM HEART ATTACK WHEN TREATED IN THIS TYPE UNIT.[48] ANY HOSPITALIZED PATIENT COULD SUDDENLY NEED THE SERVICES OF THIS UNIT.

dietary counseling

A DIETICIAN MAY KNOW MORE ABOUT YOUR SPECIAL DIETARY NEEDS THAN MOST DOCTORS, AND CAN HELP PLAN YOUR DIET AFTER THE HOSPITAL STAY ENDS. DIETARY COUNSELING CAN BE VITAL FOR DIABETICS, AND FOR THOSE WITH HEART OR KIDNEY PROBLEMS.

physical therapy

CAN BE VERY USEFUL TO YOU WHEN RECOVERING FROM STROKES, FRACTURES, ETC. PULMONARY PHYSICAL THERAPY CAN BE USED AFTER SURGERY TO HELP PATIENTS REGAIN THE PROPER USE OF LUNGS, AND, THEREFORE, PREVENT LUNG INFECTIONS.

psychological testing

A VALUABLE SERVICE FOR CHILDREN WHO MAY NOT BE DEVELOPING NORMALLY, OR FOR THOSE WITH LEARNING DISABILITIES. PSYCHOLOGISTS CAN AID THE DOCTOR IN DETECTING MENTAL RETARDATION OR OTHER PROBLEMS.

genetic counseling

SOME MEDICAL PROBLEMS ARE HEREDITARY, THAT IS, PASSED ON THROUGH THE GENES FROM ONE GENERATION TO THE NEXT. A SPECIALIST IN THIS AREA CAN ADVISE ON THE CHANCES OF A CERTAIN DISEASE OR AILMENT BEING PASSED ON TO FUTURE CHILDREN. THIS NEED NOT BE A HOSPITAL SERVICE IF IT IS AVAILABLE IN THE COMMUNITY FROM AN OUTSIDE CONSULTANT.

social service

THIS OFFICE CAN AID PATIENTS WITH PROBLEMS THAT MAY CONTRIBUTE TO ILLNESS, BUT WITH WHICH DOCTORS DO NOT DEAL. HOUSING, FINANCIAL AID, AND POST-HOSPITAL CARE ARE ALL AREAS WHERE THIS DEPARTMENT CAN OFFER ASSISTANCE.

In 1972, the American Hospital Association adopted a set of resolutions which has since been termed the "Patient's Bill of Rights." Although this is not a legal document, it states clearly the rights and privileges which patients should expect from health care providers.[14]

Here are the rights in a slightly watered-down version. The actual phrasing is too long to be presented here in its entirety, but this listing captures the important features of the original.

1 THE PATIENT HAS THE RIGHT TO INFORMATION ABOUT HIS CONDITION AND TREATMENT IN TERMS HE CAN UNDERSTAND. WHEN IT WOULD BE POOR MEDICAL JUDGMENT TO GIVE THIS INFORMATION TO THE PATIENT, IT SHOULD BE GIVEN TO SOMEONE IN THE PATIENT'S BEHALF. THE PATIENT HAS THE RIGHT TO KNOW THE NAME OF THE DOCTOR IN CHARGE OF HIS CARE.

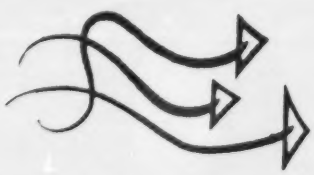
2 THE PATIENT HAS THE RIGHT TO REFUSE TREATMENT (WITHIN THE LAW), AND TO KNOW THE CONSEQUENCES OF HIS REFUSAL.

3 THE PATIENT HAS THE RIGHT TO INFORMATION ABOUT HOW HIS HOSPITAL IS CONNECTED TO ANY MEDICAL SCHOOLS, OTHER HEALTH CARE ORGANIZATIONS, OR OTHER HEALTH CARE PERSONNEL WHO AFFECT HIS MEDICAL CARE.

4 THE PATIENT HAS THE RIGHT TO ANY INFORMATION NEEDED TO OK A PARTICULAR TREATMENT OR PROCEDURE. EXCEPT IN EMERGENCIES, THIS INFORMATION SHOULD INCLUDE THE TYPE OF TREATMENT, THE RISKS INVOLVED, AND THE EXPECTED LENGTH OF TIME HE WILL BE DISABLED. THE PATIENT SHOULD BE TOLD OF ALTERNATIVES TO THE PROPOSED TREATMENT. THE PATIENT HAS THE RIGHT TO KNOW THE NAME OF THE PERSON IN CHARGE OF THE TREATMENT.

5 THE PATIENT HAS THE RIGHT TO CONSIDERATE AND RESPECTFUL CARE.

6 THE PATIENT HAS THE RIGHT TO HAVE ALL COMMUNICATIONS AND RECORDS OF HIS CARE KEPT CONFIDENTIAL.



??
?   ?
? HOSPITAL ROOM: A place where friends   ?
?   of the patient go to talk to other   ?
?   friends of the patient   ?
?   ?
??

7 THE PATIENT HAS THE RIGHT TO EXPECT THE HOSPITAL TO RESPOND REASONABLY TO HIS REQUESTS FOR SERVICES, AND TO PROVIDE THOSE SERVICES IF THE URGENCY OF THE CASE REQUIRES. WHEN HIS CONDITION PERMITS, A PATIENT MAY BE MOVED TO ANOTHER FACILITY AFTER HE HAS ALL THE INFORMATION ABOUT THE NEED FOR, AND THE ALTERNATIVES, TO SUCH A MOVE. ANY PLACE TO WHICH HE IS TO BE MOVED MUST HAVE FIRST ACCEPTED HIM FOR TRANSFER.

8 THE PATIENT HAS THE RIGHT TO PRIVACY CONCERNING HIS MEDICAL CARE. HIS CASE SHOULD BE CONSIDERED CONFIDENTIAL. ANYONE NOT DIRECTLY INVOLVED IN HIS CARE NEEDS THE PATIENT'S PERMISSION TO BE PRESENT.

9 THE PATIENT HAS THE RIGHT TO REFUSE TO BE A SUBJECT OF RESEARCH PROJECTS, OR EXPERIMENTATION IN HIS CARE OR TREATMENT.

10 THE PATIENT HAS THE RIGHT TO CONTINUITY OF CARE. THIS MEANS HE HAS THE RIGHT TO KNOW IN ADVANCE THE APPOINTMENT TIMES AND DOCTORS THAT ARE AVAILABLE, AND HE ALSO HAS THE RIGHT TO BE TOLD OF ANY HEALTH-CARE REQUIREMENTS AFTER HIS DISCHARGE FROM THE HOSPITAL.

11 THE PATIENT HAS THE RIGHT TO EXAMINE HIS BILL, AND TO RECEIVE EXPLANATIONS FOR ANY ITEM ON THE BILL, NO MATTER WHO IS TO PAY IT.

12 THE PATIENT HAS THE RIGHT TO KNOW WHAT HOSPITAL RULES AND REGULATIONS APPLY TO HIS CONDUCT AS A PATIENT.[1,60]

CONSUMER BE GLAD

The relationship between a doctor and patient is somewhat changed when the patient receives care within a hospital. Several legal cases have established that hospitals, not just doctors, have a responsibility to the patient.

CONSUMER BE AWARE

Few states require that the "Patient's Bill of Rights" be displayed in a noticeable place. In 1976 an American Hospital Association survey reported that only 30% of 5000 hospitals had ever posted this "Bill of Rights" on any bulletin board, and only 9% had handed it out to patients![1]

Some Eye-opening Facts on Medical Costs!

Everyone is painfully aware that prices of food, clothing, cars, homes, etc., are much higher today than just a few years ago. However, the rise in these consumer goods and services doesn't even approach the rise that has taken place in medical bills.[30] Look at how much money Americans have spent for health-care in various years:

DATA ON HEALTH-CARE EXPENDITURES FOR THE UNITED STATES[45]

YEAR	AMOUNT (In billions of dollars)	PERCENT OF GNP (Gross National Product)
1929	$ 3,589	3.6
1940	3,863	4.1
1950	12,028	4.6
1955	17,330	4.6
1960	25,856	5.2
1965	38,892	5.9
1967	47,879	6.2
1968	53,765	6.5
1969	60,617	6.7
1970	69,202	7.2
1971	77,162	7.6
1972	86,687	7.9
1973	95,384	7.8
1974	104,032	7.7
1975	118,500	8.3

Exercises

A. The Social Security Administration reported that total spending on health care reached $139.3 billion in 1976.[26] How much of an increase is that over the cost for 1975?

B. Approximately, how does the 1976 cost compare to the amount for 1970?

The cost of medical services increased at a rate one-and-one half times faster than the general inflation rate in the ten years between 1960 and 1970. Hospital costs, though, increased even more -- almost *FIVE TIMES* as much as everything else![21] Much of this dramatic increase has occurred since 1965.[45] However, we must remember that hospital care today is much more complex and sophisticated than it was fifteen years ago. The cost increase is not just because of inflation. Cost increases also reflect an increase in the "quantity" of hospital services that are packed into a day of hospital care.

HOSPITAL COSTS...

into the wild blue yonder

All hospitals charge alarmingly high rates for services, and no relief is yet in sight. In 1965, the average patient cost for a hospital stay was $311 according to the American Hospital Association. By 1974, that figure had almost tripled to $873. And since 1974, the price rocket has climbed well over $1000.[26]

Actually, these figures are worse, since today the average stay in a hospital is SHORTER than it was 10 years ago.[26]

Three factors can be singled out for responsibility as hospital costs climb out of sight:

WAGES

Sixty percent of all hospital expenses go for wages. In the average community hospital, employees may outnumber the patients by more than 3 to 1, while twenty years ago, the ratio was less than 2 to 1.[30]

Hospital wages have certainly increased! Hospital workers are no longer willing to work for extremely low salaries. For example, a 245-bed hospital in California paid out in 1977 almost *FIVE TIMES* as much for wages and fringe benefits as in 1970.[35]

EQUIPMENT

The cost of hospital supplies and equipment has also shot up drastically. For example, a fluoroscopic-radiographic room that could be fully equipped for $10,000 in 1961 cost at least $100,000 ten years later.[43]

Every year new equipment is invented, and some of it is quite expensive--such as a $750,000 total-body computerized X-ray scanner.[16]

COMPETITION

Roughly 800 hospitals are equipped to perform open-heart surgery. But in 1972, thirty percent of over 700 hospitals checked did not perform even one such operation. That was $30 to $40 million wasted through disuse of equipment that you pay for in high hospital bills.[63]

$$$

BEST COPY AVAILABLE

	CODE	TOTAL AMOUNT
ROOM, BOARD & NURSING CARE		
DAYS PRIVATE		
DAYS SEMI		3,552.00
DAYS I.C.U.		
DAYS HALL	1	.00
44 DAYS	22	1,125.50
	8	418.00
	15	3,065.25
NURSERY	10	255.00
LABORATORY	2	.00
OXYGEN	3	195.50
DRUGS, ANTIBIOTICS, SOLUTION	4	.00
O.P. & REC. ROOM	5	143.00
DELIVERY ROOM	8	666.50
ANESTHESIA BY EMPLOYEES	13	168.00
ANESTHESIA SUPPLIES	16	.00
X - RAY	17	.00
DRESSING, CAST SUPPLIES	18	.00
ELECTROCARDIOGRAM	19	.00
BASAL METABOLISM	20	.00
ELECTRO ENCEPHALOGRAM	23	20.00
PHYSICAL - THERAPY	7	300.00
TRANSFUSION SETUP	21	.00
EMERGENCY ROOM	31	96.00
PATHOLOGY	40	
WHOLE BLOOD		
PLASMA, SERUM, ALBUMIN		
MISC		
TOTAL CHARGES		10,034.75
TOTAL PAYMENTS RECEIVED		1,903.50
EST. ONLY OF INS. ALLOWED		

On the previous page is the actual bill of a patient hospitalized in central Florida during 1977. While the patient's name has, of course, been removed all of the charges are exactly as they were. Part of being a smart health-care consumer involves careful reading of your bill and questioning the charges about which you are confused. Use the sample bill to answer these questions:

1. After the room charges (Code Item # 1), what was the most costly part of this patient's hospitalization?

2. It is NOT possible to tell from this bill what this patient's medical problem was. However, items #22 and #3 tell you what was NOT this patient's condition. What do these two items tell you?

3. Did this patient have an operation? Explain.

4. If you had to pay for this bill, why might you question the charges for Item # 40?

5. Under the category of Room, Board & Nursing Care is the entry "Days I.C.U." What does I.C.U. stand for?

6. Explain what Code 7 is, and what this charge tells you?

7. Is there a charge for blood given to the patient? Can you tell how many pints of blood the patient received?

8. How much does this patient still owe on his hospital bill?

9. Code Item # 1 indicates the total room charges for this patient's entire hospital stay. What were the average DAILY room charges for this patient?

10. This patient's illness cost even more than is shown on this bill. This is because this is merely the hospital bill. What other bills might this patient still have in connection with this one illness?

A CHECKLIST OF MONEY-SAVING TIPS

✓ USE THE EMERGENCY ROOM FOR EMERGENCIES ONLY ...
The emergency room is no substitute for a family doctor. Expensive equipment must be maintained. There's a need to keep these facilities open all the time, so treatment here may cost three times what a family doctor would charge.

✓ IF POSSIBLE, HAVE TESTS DONE PRIVATELY ...
Many hospitals cover losses from other departments by raising fees for laboratory services. Private labs may give price breaks over what a hospital would charge for routine tests;[25] however, tests by private labs may not be covered by insurance.

✓ IF POSSIBLE, CHOOSE THE DAY YOU WISH TO BE ADMITTED ...
Although hospitals operate 7 days a week, most routine services close late Friday afternoon. Friday and weekend admissions may mean waiting until Monday for lab work, etc. The greatest testing load is on Monday and Tuesday, so admission on Tuesday, Wednesday, or Thursday is the best bet.

✓ IGNORE THE FRILLS TO SAVE MONEY ...
A T.V. set, etc., may make your stay more comfortable, and most certainly more expensive. Frills won't improve your medical care. Private rooms are nice, but roommates may make your stay less lonely. A roommate can also summon help in an emergency.

✓ BE A COMMUTER PATIENT ...
Many hospitals now let patients have surgery without hospitalization if the condition is not serious, and if no complications arise during surgery. If your condition permits, and if your doctor and hospital approve, this can save you considerable money. Again, make sure insurance will pay for outpatient surgery!

✓ TAKE ADVANTAGE OF HOME CARE ...
Some patients can avoid lengthy and expensive hospital stays by being cared for at home. Very often, hospital equipment and personnel can be brought to the patient's home for certain periods of time.

✓ DONATE BLOOD FOR YOUR OWN USE ...
This is not only cheaper, but safer. Often, hospitals won't charge for blood if blood used from the hospital's blood bank is replaced. Many patients can donate their own blood several days before an elective operation, and then receive it back if necessary.

✓ DON'T OVERSTAY YOUR WELCOME ...
Using the hospital as a rest cure is far too expensive. If extended care, nursing care, or home care services will do, make full use of them. Some insurance plans may make patients pay all of the extra costs if they stay longer than the hospital considers necessary.

✓ CHECK YOUR BILL ...
A man once found a charge on his bill for the delivery room when he had been hospitalized for pneumonia. On checking, he found that he had supposedly delivered a baby girl!! Mistakes do occur, so check carefully. If the bill lists lab work, find out exactly what tests.

Interviewing

SELECT FIVE LOCAL HEALTH CARE PROFESSIONALS AND SELECT TWENTY-FIVE HEALTH CARE CONSUMERS IN YOUR COMMUNITY TO INTERVIEW. TRY TO GET THEIR EXPLANATIONS OF RISING MEDICAL CARE COSTS, HOW THEY FEEL ABOUT IT, AND WHAT THEY ARE DOING ABOUT IT.

THE FOLLOWING INTERVIEW GUIDELINES MAY BE IMPORTANT! GET YOUR QUESTIONS DOWN AND PRACTICE INTERVIEWING BEFORE GOING FORTH TO DO IT!

TALLY THE RESULTS FOR YOUR CLASS. CERTAINLY CONSIDER MAKING THE RESULTS KNOWN TO YOUR COMMUNITY.

▽△

IN-TER-VIEW: n. A meeting at which information is obtained from a person.

A person going forth to interview another person has to do so with skill. The interviewer has to be competent, if she/he is to be sucessful. The interviewer needs to keep in mind the purpose for doing the interview and what information he/she wishes to obtain.

Here are some tips on conducting a good interview:

1. Most important -- RELAX! This is just another person -- like you.

2. This is, though, an important person. Make him or her feel very important. Treat that person with respect and do not interrupt. Let the person talk.

3. Keep good eye contact. Remember that you are also an important person. You have important ideas, or you wouldn't be there.

4. Sit on the edge of your chair. If you hear something you agree with, nod enthusiastically. Squeeze in a "I certainly agree," or "absolutely," etc.

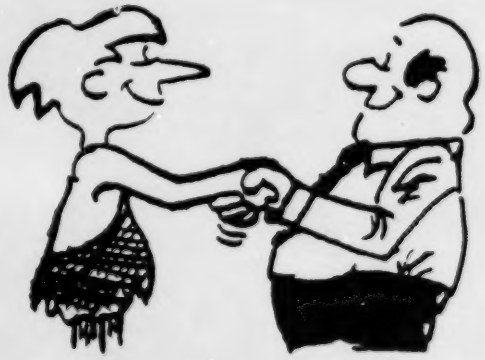
5. If something is said that puzzles you, look puzzled! You don't understand, and this is the only person in the whole world that can explain it to you at the moment.

6. Be prepared for some small talk. However, also be prepared to steer the conversation back to the topic at hand.

7. Don't overstay your welcome, but don't leave until you get all the information you need, either.

8. Take as many notes as possible. Add to them immediately upon leaving the interview.

9. Report to the class.



THAT DREADED WORD: HOSPITALIZATION

ANSWER THE FOLLOWING QUESTIONS:

1. List three points that you feel are important to consider when selecting a hospital.

_____

_____

_____

2. List three ways you may be able to "cut costs" if you need to be hospitalized.

_____

_____

_____

A. Investigate a hospital in your community. Find out about accreditation, "teaching" programs, ownership, size, services offered, costs, etc. Report your findings to the class.

B. "Voluntary Effort" is the name of a nationwide program started by America's hospital and medical leaders to slow down the rate of increase of health care expenses." If they don't succeed, the government may be forced to take steps to control the rising costs. How do you feel about this? What are some ways hospitals might be able to cut expenses? What are some ways YOU can help?

DO I LET THEM CUT ON ME?

Father's

Mother's Name

DISEASES, OPERATIONS, INJURIES

(v) Have you had any electrocardiograms, when,

(b) The RESPIRATORY SYSTEM such as – Asthma, chronic bronchitis, blood spitting, pleurisy, or

(c) The GASTROINTESTINAL SYSTEM such as colitis, bleeding, diverticulitis, gallstones, liver disease, tumor?

(d) The GENITOURINARY SYSTEM such as tumor, sugar, albumin, blood or pus in

(e) The NERVOUS SYSTEM, EYES, EAR stroke, seizures, nervous breakdown ...ht or hearing?

...AND...AR SYSTEM, BLO... gout, an... ...ged glands, ...y?

...TAL SY...

OR NEEDS FOLLOW-UP

	Before exercise	After 10 toe touches

...greatest 0

...Y

...smission

...hat is your impression of the murmur?

...ULSE

Rate

Irregularities

...BREAKD...

DATE	COMMENTS
CHICKENPOX	
SCARLET FEVER	
RHEUMATIC FEVER	
DIABETES	
ANEMIA (bl...	
PARASITES (	
ALLERGY (h...	
SEIZURES	
INJURY, FRA...	
OPERATION	
OTHER (specify	

NEGA...

WEIGH...

PHYS...

1. WEIGH... ..... lbs.

Did you weigh .....

2. HEIGHT ..... ft. ..... in.

3. (a) Chest expanded ..... (b) Chest contra...

.....in. .....

HAS GLASSES?

HAS HEARING

4. BLOOD PRESSURE

Report diastolic at absence of all sound.

If 1st reading over 140/90 take two additi...

Systolic

1st reading .....

6. NEUROSIS, PSYCHOSIS O...

Were symptoms those o...

(c) Psychoneurosis

ANXIETY

(b) MENTAL DISEASE ...

Was it a mild atta...

State cause o...

HYSTE... ...OSIS CAUS...

DO YOU NOW HAVE OR HAVE YOU HAD WITHIN THE PAST ...

Frequent or severe headaches

Fainting spells

Dizziness on change of position

Unconscious spells

Blurred vision

Double vision

Spots before eyes

Infected eyes

Pain behind eyes

Any change in vision

Do you wear g...

Wha...

State ...

5. Is there any evidence of past or presen...

(a) HEART, BLOOD VESSELS, VARIC...

...s of breath, arteriosclero...

...rs, arrhythmia, enlarg...

...ion, complete Heart ...

N... Yes

N... Yes

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

No Yes

Have ...

Lose urine on coughing

Discharge from penis

Recurrent back pains

Backache

Joint pains

Swelling of any joints

Redness or heat of any ...

Tingling or weakness of ...

Muscle spasms

Loss or change in sensatio...

Trembling of any extremity

Growth in neck or throat

Bad taste

Dizziness without apparent ...

Brittleness of nail

Dryness of skin

Easy bruising

Inability to stand heat

Inability to stand cold

Change in hair texture

Change in skin texture

Any skin rash

X RAYS Have you ever had a ...

Chest

Stomach or colon

Gall bladder

Extremities

Back

Teeth

Other

EKG, Exer...

FEEDING HISTC...

Formula

Present Diet

Likes

Dislikes

Vitamins

...ng Habits

Hives

ILLNESSES

DOSE

Pertussis

Measles

Rubella

Mumps

Chickenpox

Scarlet Fever

Diphtheria

Operations

Polio

Allergy

...UNIZATION AND SKIN T...

DOSE

MUMPS

RUBELLA

215

163

passwords ...

DO I LET THEM CUT ON ME?

COMPLICATIONS	*Unexpected medical problems which arise during the treatment of another disease*
ELECTIVE SURGERY	*The choice of surgery made by a patient generally for conditions that are not life-threatening and for which surgery may or may not be urgent*
GENERAL ANESTHESIA	*A total loss of the sense of pain, temperature touch, etc., caused by a gas or chemical given to a patient; also called putting the patient "to sleep"*
GHOST SURGEONS	*Surgeons who operate anonymously, without the consent or knowledge of the patient; paid by the patient's doctor*
H.M.O.	*Health Maintenance Organization; members pay a monthly fee for which they receive medical care as needed*
INCOMPETENT	*Lacking adequate ability, knowledge, or fitness*
LOCAL ANESTHESIA	*A loss of all sensation in only a certain area of the body caused by a drug or chemical given to the patient; patient stays awake*
SURGERY	*The treatment of disease or injury by cutting or removal of diseased or damaged tissue*
SURGICAL CONSENT FORM	*The legal agreement which a patient or his authorized representative must sign before surgery can be performed*

Ready to Move On ?

Do You Know the Passwords ?

SURGERY

In recent years there's been quite a controversy about unnecessary surgery.

In the United States, only about twenty percent of the operations performed are emergency procedures. The other eighty percent, fourteen million operations, are termed "elective."[54]

Perhaps as hign as seventeen percent of elective surgery is unnecessary. Because one out of every 200 elective operations ends in death, estimates have been made that more than 10,000 people die a year as a result of unnecessary surgery.[54]

These figures are controversial. They are based on preliminary studies. Results cannot be generalized to the entire country. However, no one doubts that large numbers of patients are injured, and even killed, each year as a result of surgery that was not necessary.[54]

Except for life-threatening emergencies, there are very few times when the need for surgery is obvious to all. However, if surgery is prescribed for you, here are a few facts to mull over while you consider the operation.

The rate of ELECTIVE SURGERY in the U.S. is the highest in the world.[6]

The risks of surgery are not easy to figure. They depend a great deal on the age and health of the person involved. An operation for one person may involve only slight risk while the same procedure for another person may be life-threatening.

Experts say that not more than 20% of surgery is done to prevent death or prolong life.[54]

BEFORE you want or agree to surgery, the first step is to know the risks to yourself. The second step is to arm yourself as a consumer to make those risks as small as possible. Carefully studying these surgical risks will aid you in doing just that!

ANESTHESIA

* Dr. Marcelle Willock, special investigator of anesthesia-related deaths in New York, has said that for healthy surgical patients, there's a one in 5,000 to one in 10,000 chance of dying from the anesthesia. For other patients a bad anesthesia reaction may mean permanent brain damage.[7]

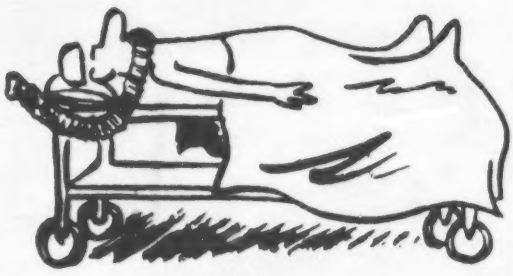
* For all surgical patients, both in good health and poor, anesthesia causes or helps death along in one in 3,000 cases.[6]

* GENERAL ANESTHESIA -- being put to sleep -- is considered extremely hazardous, because the powerful drugs used can interfere with the respiratory system, the heart and blood vessels, the brain, and the kidneys.

* LOCAL ANESTHESIA -- numbing only part of the patient and the patient remains conscious -- may also cause severe reactions. Among these are a severe kind of life-threatening shock, convulsions, choking on vomit, and cardiac arrest.

An anesthesiologist, a doctor who is a specialist in anesthesia, selects the most appropriate type of anesthesia to use. During surgery the anesthesiologist is also responsible for maintaining all the body's vital functions.[48]

Anesthesia may also be administered by an anesthetist, a nurse trained to administer anesthesia.[40]



MISTAKES

In 1975, an average year, roughly 18,000,000 Americans had surgery. Of those, more than 250,000 died during or shortly after the operation. According to the National Center for Health Statistics, that reduces to one death for every seventy-two surgeries.[7]

It is true that many of these patients would have died anyway even without surgery since they were already critically ill. But for some other patients, it was the operation itself that killed them.

Doctors are human beings, and humans do occasionally make mistakes! Unfortunately, a surgeon's mistake may be more tragic than most other person's because the life of another human being is involved. Sometimes a surgeon's mistake does result in the death of the patient. Such an occurrence is sensationalized in the newspapers. We, the consumers, tend to forget that this is the exception, not the rule. The majority of surgeons are competent, conscientious, and seldom make a drastic error. But it is important to realize that mistakes do occur, sometimes by incompetent surgeons.

EIGHT OUT OF TEN SURGERIES IN THE U.S. ARE ELECTIVE. BUT, FOR EVERY TWO HUNDRED PERSONS WHO HAVE ELECTIVE SURGERY, ONE WILL DIE. [34]

THERE ARE FAR MORE DOCTORS DOING SURGERY THAN ARE NEEDED, AND SOME MAY BE POORLY TRAINED. EVEN A HIGHLY SKILLED SURGEON CAN SLIP AND CUT THE WRONG TISSUE, BUT THIS IS MORE LIKELY IF THE DOCTOR IS POORLY TRAINED. [7]

Another aspect of surgery which could cause problems is GHOST SURGERY.

A ghost surgeon operates anonymously, without the knowledge or consent of the patient. The "ghost" is paid by the patient's doctor, who, though perhaps not competent to operate, signs the record. Ghost surgery is unlikely to take place in an accredited hospital -- or if you have carefully chosen your doctor. [40]

There is another point for you to consider. Hospitals with residency programs for surgeons allow younger doctors to help in operations to perfect their surgical skills. If a surgical resident is assigned to your case under the supervision of your surgeon, there is no need to be unduly concerned. This should, though, be made clear to you before the operation.[40]

COMPLICATIONS

Complications of surgery are usually minor, but death is a possibility in every operation. You must weigh the risks of having an operation just as you would weigh the risks of driving a car, flying an airplane, or taking a medicine. Obviously, the risks are highest in complex operations such as open-heart or brain surgery, but even a tonsillectomy or hernia repair can result in unexpected complications.

All kinds of possible complications can result from surgery. Dr. Robert E. Rothenberg, in his book *Understanding Surgery*, lists five:[65]

1. PNEUMONIA
2. EMBOLISM (BLOOD CLOT)
3. POSTOPERATIVE SHOCK
4. WOUND INFECTIONS
5. POSTOPERATIVE BLEEDING AND WOUND RUPTURE

Ask your surgeon for a realistic estimate of the possible complications based on your physical condition and the statistical evidence (both local and national) compiled over the years for your particular operation.

But, just as there are risks involved when you have an operation, there are often risks if you DO NOT have a recommended operation. You, the consumer, must weigh the benefits and complications before making a decision. If, for instance, the risks of having an operation to replace a hip joint seem unusually high, weigh them against the benefits you can reasonably expect from the operation such as increased mobility and freedom from pain. Only YOU can decide if the benefits are worth the complications and risks![67]

REMEMBER THIS ABOUT SURGERY:[16]

There are risks.
There are benefits.
There are choices.
There are alternatives.
It is your body.
It is your life.
The final decision is YOURS!

With more than twenty million operations performed every year, you face an one-in-eleven chance of being told, "You need an operation."[60] When that day comes, the *CONSUMER ✓-LIST TO SURGERY* might help you make decisions.

LOOKING FOR A SURGEON

A CONSUMER ✓ LIST TO SURGERY

✓ **WHOM SHOULD I SEE FIRST?**

Go to your family doctor first. You'll need him to work with the surgeon in designing your care before and after surgery.[18]

✓ **IS THE SURGEON QUALIFIED?**

Even though board certification is no guarantee of a superior surgeon, it is a good minimum qualification. Some states may also certify Osteopaths as surgeons.[18]

CONSUMER BE AWARE →

Only a little over half of all surgeries done in the U.S. are by board-certified surgeons.[5]

✓ **IS THE SURGEON A GOOD FELLOW?**

Is the surgeon a fellow of the American College of Surgeons (F.A.C.S.)? The membership qualifications of this group keep out less competent surgeons.[67]

CONSUMER BE GLAD →

This, along with board-certification, can be checked by looking for certificates hanging in the doctor's office, calling the local medical society, using the Directory of Medical Specialists available in many public libraries or writing to the following addresses:[18]

American College of Surgeons
55 East Erie Street
Chicago, IL 60611

American College of Osteopathic Surgeons
1550 South Dixie Highway
Coral Gables, FL 33146

✓ **IS THE ANESTHESIOLOGIST QUALIFIED?**

Check out the anesthesiologist's background in much the same way as you would the surgeon's. His/her competence is every bit as vital to your life as the surgeon's, perhaps more so in relatively minor operations.[18]

IS ONE OPINION ENOUGH?

Studies show that consulting other doctors reduces the number of operations by as much as one-third. Some states and insurance companies now even require a second opinion for elective surgery.[67] If you don't know whom to consult, HEW (Department of Health, Education, and Welfare) will give you names of qualified doctors in your area; call toll free 800-325-6400.[62]

CONSUMER BE AWARE

Look out for the doctor who gets angry or disturbed at the idea of consultation. A doctor who refuses to get another opinion on your request is violating the ethical rules of the medical profession.[18]

IS THE HOSPITAL ACCREDITED?

Be sure any surgery is done in an accredited hospital (review the section on hospital care). However, if the hospital has not chosen to be accredited by JCAH, find out what standards the hospital maintains.[40] If you have picked you doctor after considering his hospital privileges, this will be one less worry you'll have when surgery is needed.

WHO'S SUGGESTING SURGERY, YOU OR A DOCTOR?

Don't push a doctor to cut you up. You're always likely to find someone willing to do it, necessary or not.[67]

CONSUMER BE AWARE

Women seem to have more needless surgery than men. As Howard R. and Martha E. Lewis note in their book The Medical Offenders: "A gynecologist new to this country observed: 'In Europe it is all the doctor can do to persuade a woman to have a needed operation. In America, it is difficult to dissuade her from having an unnecessary one.'"[49]

DO YOU KNOW ALL THE RISKS AND BENEFITS?

Be sure you understand the alternatives to surgery, plus the risks and benefits of it. You may want to talk to others who had a similar operation to see how they adjusted to changes in their life style after the surgery.[67]

170222

CONSUMER BE GLAD →

Under the law, any patient who has not been fully advised of the risks of surgery has not legally consented to it. A doctor can be sued for malpractice in this case.[18]

✓ DO YOU KNOW THE FULL COST?

Forget the idea that it's somehow improper to ask. Any surgeon worth his sutures will gladly discuss his fees. Be sure to find out all fees -- not just the surgeon's, but the anesthetist's, any surgical assistants', the hospital's, etc.[18] Make sure you know how much it will cost you and what portion is covered by insurance.

✓ CAN YOUR SURGEON WORK WITH YOUR FAMILY DOCTOR?

Make sure they are not only acquainted, but are willing to work together. To be sure of quality care, close cooperation between the two is vital. If they can't work as a winning team, YOU may be the loser.[67]

✓ CAN YOU JOIN AN HMO?

Membership in a good Health Maintenance Organization (HMO) can save you from unnecessary surgery. A HMO is a form of group practice in which doctors are paid as much for keeping you well as they are for treating you when you are sick.[33]

CONSUMER BE GLAD →

Studies have consistently found less hospitalization and fewer surgical procedures among HMO patients.[33]

✓ DOES YOUR SURGEON KEEP IN PRACTICE?

Find out how experienced the surgeon is. As a general rule, the more experienced the surgeon, the more competent he/she will be.[67] Pick a doctor who tries to keep his skills current, but who is not overloaded with patients. This could be difficult to know for sure, but the size of the crowd in the waiting room, and the amount of time he'll spend with you prior to surgery may give you some idea of how busy he is.

✓ WHAT OPERATION IS PROPOSED FOR YOU?

Watch out for those operations that are most commonly done without being necessary, such as hysterectomies, hemorrhoidectomies, and tonsillectomies.[67]

On the following page is a Consent to Surgery form that is typical of those used by many hospitals. This form must be signed before any operation is performed on you. Do you know what this form REALLY says? Answer the questions below and discover what you are agreeing to when you sign this form:

1. By signing this form, what procedures are you agreeing to let the doctors perform, other than the surgery itself?

2. A simple five-word phrase (used three times) in this form opens the door to the possibility of ghost surgery? What phrase is this?

3. Does this form guarantee to the patient a certain result from this operation?

4. By signing the bottom of this form, you are stating that you understand what STERILITY means and that you know that this may result from the operation. What is STERILITY?

5. This form may be signed by someone other than yourself in case you are not able to do so. Who might an AUTHORIZED PERSON be, in your case?

CONSENT TO OPERATION, ADMINISTRATION OF ANESTHETICS, AND THE RENDERING OF OTHER MEDICAL SERVICES

DATE: _____

HOUR: _____ _____
PATIENT NAME

1. I authorize and direct _____M.D. my surgeon and/or associates or assistants of his choice, to perform the following operation upon me_____
and/or to do any other therapeutic procedure that (his) (their) judgment may dictate to be advisable for the patient's well-being. The nature of the operation has been explained to me and no warranty or guarantee has been made as to the result or cure.

2. I hereby authorize and direct the above-named surgeon and/or his associates or assistants to provide such additional services for me as he or they may deem reasonable and necessary, including but not limited to the administration and maintenance of the anesthesia, and the performance of services including pathology and radiology, and I hereby consent thereto.

3. I understand that the above-named surgeon and his associates and assistants will be occupied solely with performing such operation, and the person in attendance at such operation for the purpose of administering anesthesia, the person or persons performing services involving pathology and radiology, are not the agents, servants, or employees of _____
Hospital nor of any surgeon, but are independent contractors and as such are the agents, servants, or employees of myself.

4. I hereby authorize the hospital pathologist to use his discretion in the disposal of any severed tissue or member, except _____

Patient or Authorized person's signature:_____

Relationship:_____

Witness:_____

Sterilization:
It has been explained to me that I may be sterile as a result of this operation, although no such result is warranted or guaranteed. I understand what the term sterility means and, in giving my consent to the operation, I have in mind the possibility (probability) of such a result.

Signature:_____

Witness:_____

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DO I LET THEM CUT ON ME?

EITHER SUPPLY THE CORRECT MISSING WORD, OR CROSS OUT THE INCORRECT CHOICE:

1. Roughly _____ people die each year as a result of needless surgery.
2. Not more than 20% of surgery is done to _____ or _____.
3. An _____is a doctor with specialty training in anesthesia.
4. The rate of elective surgery in the U.S. is the (highest/lowest) in the world today.
5. Three operations commonly done without being necessary are _____, _____, and _____.
6. The qualifications of the _____are equally as important as those of the surgeon.
7. Of the two general types of anesthesia, (general/local) is considered the more dangerous.
8. When deciding whether or not to have surgery, the consumer should carefully weigh _____ and _____.

Much is said these days about UNNECESSARY SURGERY. What makes one surgery NECESSARY and another UNNECESSARY? What are some factors that need to be considered before labeling surgery as being UNNECESSARY?

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DO I CALL MY DOCTOR?

Father's

Mother's Name

DISEASES, OPERATIONS, INJURIES

DATE | COMMENTS

CHICKENPOX
SCARLET FEVER
RHEUMATIC FEVER
DIABETES
ANEMIA
PARASITES
ALLERGY
SEIZURES
INJURY, FRA
OPERATION
OTHER (Specify)

(a) The CIRCULATORY SYSTEM such as — blood pressure?
(v) Have you had any electrocardiograms, when,
(b) The RESPIRATORY SYSTEM such as — Asthma, chronic bronchitis, blood spitting, pleurisy, or
(c) The GASTROINTESTINAL SYSTEM such as colitis, bleeding, diverticulitis, gallstones, liver disease, tumor?
(d) The GENITOURINARY SYSTEM such as tumor: sugar, albumin, blood or pus in
(e) The NERVOUS SYSTEM, EYES, EAR stroke, seizures, nervous breakdown sight or hearing?
ANDULAR SYSTEM, BLO gout,

NEGA
WEIGH
PHYS

1. WEIGHT
Did you weigh
2. HEIGHT ..... ft. ..... in.
3. (a) Chest expanded ..... in. (b) Chest contrac
4. BLOOD PRESSURE
Report diastolic at absence of all sound.
If 1st reading over 140/90 take two additi
Systolic

HAS GLASSES?

HAS HEARING

5. PULSE RATE
RHYTHM

6. Is there any evidence of past or presen
BLOOD VESSELS, VARIC
breath, arteriosclero
rs, arrhythmia, enlarg
ion, complete Heart C

greatest 0
mission
hat is your impression of the murmur?
PULSE

	After 10 toe touches	3
Before exercise		

Rate
Irregularities

6. NEUROSIS, PSYCHOSIS OR NERVOUS
Were symptoms those of:
(a) Psychoneurosis
ANXIETY HYSTERIA
(b) MENTAL DISEASE
Was it a mild attack
State cause of

DO YOU NOW HAVE OR HAVE YOU HAD WITHIN THE PAST
Frequent or severe headaches
Lambent spells
Dizziness on change of position
Unconscious spells
Blurred vision
Double vision
Spots before eyes
Infected eyes
Pain behind eyes
Any change in vision
Do you wear gl
Wher

FEEDING HISTORY

Formula
Present Diet
Likes

IMMUNIZATION AND SKIN TES

DOSE
MUMPS
RUBELLA

ILLNESSES

DOSE

Pertussis
Measles
Rubella
Mumps
Chickenpox
Scarlet Fever
Diphtheria
Operations
Polio
Allergy

Yes
Yes
Yes

passwords ...

DO I CALL MY DOCTOR?

HYPERTENSION	*Abnormally high blood pressure*
LIFE STYLE	*The manner in which an individual lives; includes home and work environment, dietary habits, exercise, recreational patterns, etc.*
PREVENTIVE MEDICINE	*Attempt to reduce or eliminate disease by removing or changing factors causing disease*
OVER-THE-COUNTER-DRUGS	*Medications which a consumer can purchase without a doctor's prescription; usually lack the potency of prescription drugs*
REGULARITY	*The normal bowel movement behavior of an individual*
SYMPTOM	*Any condition that comes with, or results from, a disease and serves as an aid in diagnosis*

Ready to Move On ?

Do You Know the Passwords ?

How to read your body's distress signals

Here's a true story!

Once upon a time, a fifty-year-old woman went to a hospital complaining of feeling tired. Her hobby was swimming, and she usually swam fifty laps a day! But lately she was only able to swim thirty laps each day!

Other doctors had all told her either that she was getting old, or that they themselves would be quite happy to swim even that far. Still, the woman was sure that something was wrong, so she was admitted for several days of tests.

Lo and behold, the tests showed that her parathyroid glands, four pea-sized glands in the neck, were not putting out enough of the hormone that influences muscle strength. She was given a daily supplement of the hormone, and was soon swimming her usual 50 laps again.

CONSUMER BE AWARE

This woman's story points out a very important fact: YOU ARE THE BEST JUDGE OF YOUR OWN HEALTH STATUS -- OF WHEN SOMETHING IS NOT RIGHT. Your symptoms may not be very severe or very unusual, for someone else, but if they represent a real change from your normal condition, then they are important!

Health care in the U.S. has become incredibly expensive. That's reason enough for people to want to limit their trips to the doctor. But sooner or later everyone must ask themselves, "Am I now sick enough to see a doctor?" or "Will my ailment (symptom, etc.) clear up by itself?"

Presently, there is a strong move in this country toward PREVENTIVE MEDICINE. Preventive medicine involves, in part, recognizing small physical changes that may indicate disease before the condition becomes so serious that it is difficult to treat.

Preventive medicine encourages consumers to recognize good health habits and to detect early signs of illness.

Let's now examine some of these early symptoms and determine when they are serious enough to visit your doctor.

LOOKING FOR CHANGE

There are hundreds of changes in routine body functioning that could mean trouble, but even the most skilled doctor may not recognize them all. Like our 50-year-old swimmer, be alert to your body. Here are just a few changes that even untrained consumers should be alert to:

change in body senses

Any loss of hearing, blurred or double vision, weakness or numbness in fingers or toes, dizziness and loss of consciousness should never be taken lightly. Any of these could mean a disturbance in the brain and central nervous system.

change in limb color

These kinds of changes and even a change in the color of the flesh under the fingernails may be a sign of circulatory disease.

change in tissue or organ appearance

The most common example of this is swelling and redness due to increased blood or lymph flow. Swelling and redness could be symptoms of a variety of ailments.

change in routine body functions

A good example is change in body temperature. Any fever should be watched carefully since it doesn't always show how severe an infection is. Serious conditions may only raise your temperature slightly, while less serious ailments may cause dangerously high fever which could destroy brain cells. High fevers may also strain the heart which works harder trying to pump extra blood to cool the body.

3

CONSUMER BE AWARE

Not every disease or injury has a visible symptom, and some show up only in the course of a routine doctor's examination or in laboratory tests. Some examples may be hypertension (high blood pressure), some forms of cancer, and diabetes.

He Who Acts As His Own Doctor Has a Fool For a Patient!

Very few people, if any, actually enjoy going to the doctor. For a variety of reasons, one of which is certainly money, many will try to cure themselves with home remedies, over-the-counter drugs, etc. And the needed trip to the doctor is foolishly postponed.

It's true that many conditions will clear up by themselves. But it's important to recognize when certain symptoms, even if mild, should have a doctor's attention. If you have symptoms similar to anything on the following list, make a doctor's appointment!

1. A MILD BUT ANNOYING SYMPTOM LASTING FOR MORE THAN 2 OR 3 DAYS
2. SEVERE SYMPTOMS SUCH AS PAIN, NAUSEA, DIARRHEA OR FEVER LASTING MORE THAN 24 HOURS
3. ANY PERSISTENT HEAD PAIN, EVEN IF MILD
4. AN EARACHE (THIS COULD BE A POTENTIALLY SERIOUS PROBLEM)
5. ANY VISION DIFFICULTY OR EYE PAIN (REQUIRES IMMEDIATE ATTENTION)
6. A SORE THROAT ACCOMPANIED BY A FEVER OVER 100
7. ANY CHEST PAIN OTHER THAN THAT CAUSED BY SORE MUSCLES
8. ANY PAIN THAT COMES FROM DEEP BREATHING
9. SHORTNESS OF BREATH THAT COMES FROM SIMPLY LYING DOWN OR EXTREMELY LITTLE EXERCISE
10. ANY STOMACH TENDERNESS OR PAIN THAT LASTS MORE THAN 24 HOURS
11. ANY PAINFUL URINATION
12. ANY PERSISTENT BLEEDING OR TENDENCY TO BRUISE EASILY

CONSUMER BE AWARE

The interpretation of symptoms and the diagnosis of disease or injury is a matter for the DOCTOR.

WRONG IDEAS: Too Many Are Now

Floating Around

Nearly everyone has been a patient of a doctor at some time. But almost as many have treated themselves for illnesses or problems that they have diagnosed themselves. The problem is that Americans have some very odd ideas about health, and they waste millions of dollars each year on pills and other medicines not recommended by a doctor. The best medical advice in the country indicates that some of this "playing doctor" actually worsens health.

In 1972, a six-year study completed by the U.S. Department of Health, Education and Welfare pointed out many of these wrong ideas. Here are just a few of them:[9,27]

one-tenth OF THOSE SURVEYED, REPRESENTING 13½ MILLION ADULTS, SAID THEY WOULD TRY A TREATMENT THAT A FRIEND SAID HAD HELPED HIM, EVEN IF A DOCTOR SAID IT WAS WORTHLESS.

one-eighth OF THOSE SURVEYED ADMITTED THAT HE OR SHE WOULD SELF-MEDICATE, FOR LONGER THAN 2 WEEKS, FOR SUCH AILMENTS AS SORE THROAT OR UPSET OR ACID STOMACH.

one-fifth OF THOSE SURVEYED, REPRESENTING ALMOST 27 MILLION ADULTS, BELIEVE THAT DISEASES SUCH AS ARTHRITIS AND CANCER ARE CAUSED, AT LEAST IN PART, BY VITAMIN AND MINERAL DEFICIENCIES.

one-fourth OF ADULT AMERICANS CLAIM TO HAVE ARTHRITIS, RHEUMATISM, OR SOME OTHER DISEASE, ALTHOUGH A DOCTOR HAD NEITHER DIAGNOSED NOR TREATED THE CONDITION.

one-third OF THOSE SURVEYED, REPRESENTING SOME 44 MILLION PERSONS, SAID THEY'D GO ON USING A MEDICINE A DOCTOR HAD TOLD THEM WAS WORTHLESS IF THEY THOUGHT IT WAS HELPING THEM.

two-thirds OF THOSE SURVEYED, REPRESENTING NEARLY 85 MILLION ADULTS, BELIEVE THAT A DAILY BOWEL MOVEMENT IS NECESSARY TO GOOD HEALTH.

three-fourths OF THOSE SURVEYED, REPRESENTING 101 MILLION ADULTS, BELIEVE THAT EXTRA VITAMINS PROVIDE MORE PEP AND ENERGY.

SETTING THINGS STRAIGHT

THERE CAN BE GREAT DANGER IN DELAYING SEEING A DOCTOR. ABOUT 330,000 AMERICANS, MORE THAN ONE EVERY TWO MINUTES, ARE EXPECTED TO DIE OF CANCER THIS YEAR. THE AMERICAN CANCER SOCIETY SAYS THAT ABOUT 104,000 OF THESE, ABOUT ONE-THIRD, COULD POSSIBLY HAVE BEEN SAVED IF TREATMENT HAD NOT BEEN DELAYED.[30]

THE HEW STUDY FOUND THAT PEOPLE WHO FAVOR DO-IT-YOURSELF MEDICINE ARE ON A GIANT EGO-TRIP. THEY SEEM TO FEEL THAT WHAT IS TRUE FOR THE MASSES OF COMMON PEOPLE DOES NOT APPLY TO THEM. SOMEHOW THEIR BODY NEEDS MORE VITAMINS THEN THE GENERAL PUBLIC, OR FOR SOME REASON THEIR BODY MIGHT RESPOND TO CERTAIN MEDICINES WHERE OTHER INDIVIDUALS' DON'T. SOMEHOW WHAT IS DANGEROUS FOR OTHER PEOPLE IS NOT DANGEROUS FOR THEM.[27]

THE SECRETARY OF THE AMA'S COUNCIL ON FOODS AND NUTRITION SAYS THAT, EXCEPT FOR PEOPLE SUFFERING FROM AN EXTREMELY POOR DIET, OR FOR OTHERS IN SPECIAL SITUATIONS (LIKE PREGNANT WOMEN, NURSING MOTHERS, OR THOSE RECOVERING FROM A LONG ILLNESS), THERE ISN'T ANY SOUND EVIDENCE THAT EXTRA VITAMINS DO ANYTHING TO IMPROVE HEALTH -- ALTHOUGH IN MOST CASES THEY DO NO HARM.[27]

THERE IS NO SUCH THING AS "NORMAL REGULARITY" FOR AN ENTIRE POPULATION. WHAT IS NORMAL FOR ONE PERSON MAY BE QUITE ABNORMAL FOR ANOTHER. REGULARITY VARIES WITH ACTIVITY AND DIET, AND ALSO WITH BASIC DIFFERENCES IN PEOPLE. A RECENT STUDY IN ENGLAND SHOWED THAT HEALTHY NORMAL ADULTS HAD BOWEL MOVEMENTS AS FREQUENT AS THREE TIMES A DAY OR AS FEW AS THREE TIMES A WEEK. PEOPLE SHOULD WORRY MORE ABOUT CHANGE IN THEIR OWN PERSONAL HABITS AND NOT HOW THEY COMPARE WITH OTHER PEOPLE IN THIS REGARD.[27]

It should be obvious by now that Americans will go to great lengths to avoid seeing a doctor. And yet things we SHOULD be doing to limit our trips to the doctor are being largely ignored.

Today, more often than not, if Americans are sick it is our own fault. Slowly, but surely, our life styles are killing us!

These statistics don't lie:

The biggest killers today are the chronic diseases of middle and later age -- heart disease, stroke, and cancer.[45]

Accidents are the cause of most deaths for those under age twenty-five.[45]

The extent of our bad health is staggering. For each person who died of heart disease in 1969, another five were disabled from it. For every person who died of cirrhosis of the liver in 1969, over 300 more suffered from alcoholism and varying degrees of malnutrition.[45]

A University of California study has found that "common sense" health rules -- if adopted early in life -- could possibly help us live seven to eleven years longer. Here are the habits:[72]

EIGHT HOURS OF SLEEP FOR MEN, SEVEN FOR WOMEN
THREE BALANCED MEALS DAILY -- INCLUDING BREAKFAST
NO SNACKING
REGULAR EXERCISE, USUALLY IN A SPORT
MODERATION IN ALCOHOL CONSUMPTION
NO SMOKING
GOOD CONTROL OF WEIGHT

Our Favorite KILLER: *the good life*

75 years ago the biggest killers were diseases such as typhoid fever, smallpox, cholera, and tuberculosis -- ailments which the common man DID NOT bring upon himself.

Vaccines, drugs, public health measures and other advances have all but wiped these diseases out. But today's killers have no miracle drugs or vaccines to prevent them. Cleaning up our life styles is the cure.

The best way to avoid having to ask yourself the question, "Do I need a doctor?" is to avoid becoming one of the statistics from these killers. Doctors have enough patients already.

1. heart disease or a stroke

Major risk factors include high blood pressure, high cholesterol level, and cigarette smoking. People with any of these risk factors are more likely to suffer a heart attack than those who have none. Notice that these are all factors that YOU CAN CONTROL.

2. cancer

Cigarette smoking is directly responsible for about seventy-five percent of lung cancer each year. Three-fourths of mouth and throat cancer is attributed to alcohol consumption and cigarette smoking. Some evidence suggests that a high-fat and low-fiber diet contributes to cancer of the breast, colon, prostrate, intestine, and rectum. [8,31,64]

3. cirrhosis of the liver

Related directly to drinking too much alcohol, together with poor nutrition. [45]

4. emphysema and chronic bronchitis

Usually caused by smoking cigarettes. [52]

The road to these diseases starts early in life. Overfeeding an infant may lead to a lifetime problem with being overweight. High blood pressure, diabetes, and an early death are all connected with being overweight. One-third of all Americans are overweight.

Cigarette smoking is a major cause of several killers! Those who start smoking at a young age, who smoke heavily, and who continue to smoke for a long period have the greatest risk from cigarettes. However, stopping smoking will decrease the risk to your health. Risk of heart attack and stroke after ten years of not smoking is about the same as it is for someone who never smoked. [52]

DO I CALL MY DOCTOR?

TRUE OR FALSE:

_____1. Preventive medicine involves an increased consumer responsibility to detect small bodily changes that may indicate the beginnings of illness.

_____2. Not every disease or injury has a visible symptom, and some may show up only during a routine doctor's examination or in laboratory tests.

_____3. Consumers can and should save money by interpreting symptoms, diagnosing their own illnesses, and treating themselves with over-the-counter drugs.

_____4. Most Americans correctly believe that extra vitamins provide more pep and energy.

_____5. There is no such thing as normal regularity for an entire population.

_____6. The biggest killers today are diseases which result from our own bad habits.

_____7. Roughly one-third of the cancer victims who die each year could possibly be saved if treatment is started promptly.

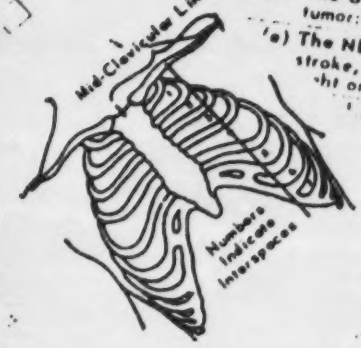
_____8. Serious conditions may raise body temperature only slightly, while less serious ailments may cause very high fevers.

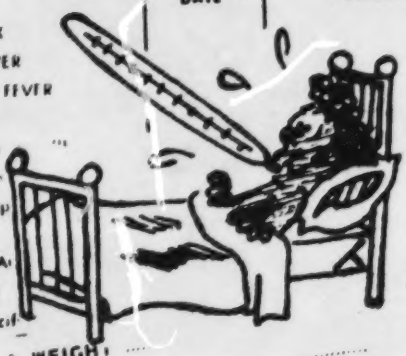
_____9. Even a change in the color of the flesh under your fingernails may be a symptom of some illness.

_____10. Any good doctor will recognize all bodily changes that may indicate trouble.

HEW has estimated that seventy-five percent of those who smoke today began smoking before the age of twenty-one, with another fifteen percent hooked by the time they were twenty-five. Perhaps you are thinking about starting to smoke or have started already. In any event, you need to be sure of your own feeling towards smoking. Take a sheet of paper and list all the reasons you can think of TO SMOKE and NOT TO SMOKE. Then weigh the arguments for and against. What is your verdict? Is smoking a good idea?

EMERGENCY: GETTING HELP *FAST*





Father's

Mother's Name

DISEASES, OPERATIONS, INJURIES

COMMENTS

DATE

(v) Have you had any electrocardiograms, when,

(b) The RESPIRATORY SYSTEM such as – Asthma, chronic bronchitis, blood spitting, pleurisy, or

(c) The GASTROINTESTINAL SYSTEM such as colitis, bleeding, diverticulitis, gallstones, liver disease, tumor?

(d) The GENITOURINARY SYSTEM such as tumor: sugar, albumin, blood or pus in

(e) The NERVOUS SYSTEM, EYES, EAR stroke, seizures, ner breakdown

ANDU

Or

NEEDS FOLLOW-UP

CHICKENPOX
SCARLET FEVER
RHEUMATIC FEVER
DIABETES
ANEMIA
PARASITES
ALLERGY
SEIZURES
INJURY, FRA
OPERATION
OTHER (Specif

NEGA
WEIGH
PHYS

1. WEIGH
Did you weigh

2. HEIGHT ft. in.

3. (a) Chest expanded (b) Chest contract

in.

4. BLOOD PRESSURE
Report diastolic at absence of all sound.
If 1st reading over 140/90 take two additior

Systolic

HAS GLASSES?

HAS HEARING

RHYTHM

Rate

Irregularities

6. NEUROSIS, PSYCHOS

Were symptoms those of

(a) Psychoneurosis

ANXIETY

(b) MENTAL DISEASE

Was it a mild attac

State cause of

HYSTERIA

DO YOU NOW HAVE OR HAVE YOU HAD WITHIN THE

Frequent or severe headaches
Fainting spells
Dizziness on change of position
Unconscious spells
Blurred vision
Double vision
Spots before eyes
Infected eyes
Pain behind eyes
Any change in vision
Do you wear gl

State

Vitamins
ny Habits

Hear

FEEDING HISTO

Formula
Present Diet
Likes

ILLNESSES

DOSE

Pertussis
Measles
Rubella
Mumps
Chickenpox
Scarlet Fever
Diphtheria
Operations
Tetanus
Tuberculosis
Epilepsy

UNIZATION AND SKIN TE

DOSE

MUMPS

RUBELLA

5. Is there any evidence of past or present
(a) HEART, BLOOD VESSELS, VARICO
ness of breath, arteriosclerosis
murmurs, arrhythmia, enlarge
nsation, complete Heart Ch

Loser
Lose urine on coughing
Discharge from penis
Recurrent back pains
Backache
Joint pains
Swelling of any joints
Redness or heat of any joi
Tingling or weakness of han
Muscle spasms
Loss or change in sensation
Trembling of any extremity
Growth in neck or throat
Hot flashes
Tiredness without apparent re
Brittleness of nail
Dryness of hair
Easy bruising
Inability to stand heat
Inability to stand cold
Change in hair texture
Change in skin texture
Any skin rash

X RAYS Have you ever had a ray
Chest
Stomach or colon
Gall Bladder
Extremities
Back
Teeth
Other

EKG Ever had an elect
IMMU

No Yes

183

232

passwords ...

EMERGENCY: GETTING HELP *FAST*

ARTIFICIAL CIRCULATION	*A method by which a rescuer uses external hand massage of a victim's heart to keep blood flowing through his body*
ARTIFICIAL RESPIRATION	*A method by which a rescuer literally breathes for a victim by blowing air through his mouth into his lungs*
C.P.R.	*Cardio Pulmonary Resuscitation; a method for insuring the continued circulation and respiration of a victim in whom these systems have failed*
FIRST AID	*Lifesaving measures to take to provide emergency relief before medical treatment can be secured*
HEIMLICH MANEUVER	*Emergency measure to take for a choking victim; involves squeezing air out of the victim's lungs in an attempt to pop out the obstruction in the throat*
911	*The Police Emergency phone number which, in many areas of the country, is THE number to call when emergency police or rescue help is needed*

Ready to Move On ?

Do You Know the Passwords ?

Illness and accidents do not respect a doctor's office hours. All too often people need medical attention on holidays, weekends, or in the wee hours of the morning.

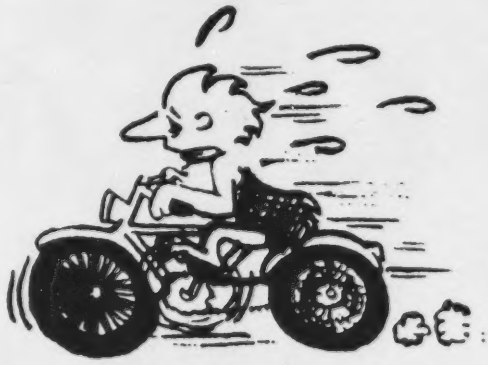
Many emergency room visits today result from the patient's inability to reach a private doctor.

When someone needs emergency medical help, TIME is the most important factor. A wrong turn, or an unfamiliar road on an emergency drive to the hospital could mean the difference between life and death. Find out where the hospital emergency rooms are located in your community.

Don't just locate the one closest to your home. No one can safely say he'll be home when an emergency occurs. In your spare time, make a few practice drives to an emergency room to be sure you know the way.

Here's what you can do to help:

1. If time, PHONE THE EMERGENCY ROOM so they can be prepared.
2. If poisoning, drug overdose, or chemical burn, TAKE THE CONTAINER ALONG. If a snake or animal bite, IDENTIFY IT. This will help the doctor give appropriate treat treatment.
3. CARRY A MEDICAL IDENTIFICATION CARD at all times listing blood, type, allergies, chronic illnesses, and medications. This would be especially helpful if you were unconscious.
4. POST EMERGENCY NUMBERS next to your telephone.



HELP!!

Telephone books usually have some emergency numbers listed near the front of the book. Other numbers important to you may be in the yellow pages under the listing Physicians and Surgeons or Dentists. There may even be a listing of Doctor's Emergency Service. With the help of your local telephone book or family, complete this list of IMPORTANT TELEPHONE NUMBERS. (Give emergency numbers, too, for your doctor and dentist.)

Important Telephone Numbers

Fire and Rescue _____

Police _____

Emergency Room _____

Poison Control Center _____

Ambulance _____

Family Doctor _____

Specialist _____

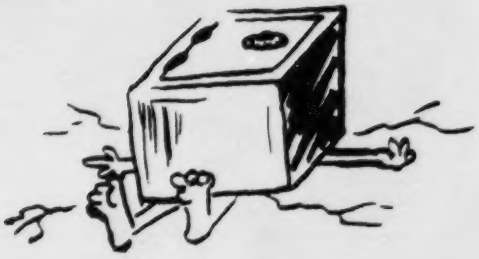
Specialist _____

Dentist _____

Hospital No. _____

SPEED

SAVES LIVES



CHECK OUT THESE FACTS:

Every year in this country over 55,000 people die from automobile accidents. Approximately 2,000,000 more are injured seriously enough to suffer health problems beyond the day of the accident.[1]

Another 20,000,000 Americans are injured and about 30,000 killed by products commonly found in the home.[1]

MANY OF THESE ACCIDENT VICTIMS DIE NEEDLESSLY BECAUSE BYSTANDERS ARE HELPLESS!!!

Saving a life requires ... SPEED ... SIMPLICITY ... EFFICIENCY!

Do you know what to do **UNTIL HELP ARRIVES ?**

First Aid In The Home

BEST COPY AVAILABLE

In Case of Serious Injury or Illness:

- **Call a doctor, a hospital, the police or other emergency service immediately.**
- **Keep calm, briefly explain what has happened and ask what to do until help arrives.**

First Aid Treatment:

- **If you cannot get immediate help, the following safe measures may provide emergency relief.**

POISONING

1. Call doctor, hospital, poison control center or rescue unit PROMPTLY. Explain 1) what unusual symptoms the patient shows and 2) what substance may have been involved (trade name, manufacturer, label warning).

2. Make patient vomit if so directed by health professional, BUT NOT IF:
- Patient is unconscious or is having fits.
- Swallowed poison was a strong corrosive (lye, acid, drain cleaner, etc.)
- Swallowed poison contains kerosene, gasoline or other petroleum distillates (unless also containing a dangerous pesticide which must be removed).

3. Directions for making patient vomit:
- Give one tablespoon (1/2 ounce) of syrup of ipecac for persons over one (1) year of age, plus at least one cup of water. If no vomiting occurs after 20 minutes, this dose may be repeated *one time only*.
- If no ipecac syrup is available, try to induce vomiting by tickling back of throat with spoon handle or other blunt object after giving water. Do not give salt- or mustard-water to children.
- Do not waste time waiting for vomiting, but transport patient, if indicated, to a medical facility. Bring package or container with intact label.

CALL FOR HELP PROMPTLY

INHALATION POISON (GAS, FUMES, SMOKE)

Get patient into fresh air immediately . . . If breathing has stopped, apply artificial respiration (see below) and do not stop until patient is breathing well . . . Transport patient promptly to a medical facility or keep patient warm and quiet until medical help arrives.

BLEEDING

Until medical help arrives, place a thick pad of clean cloth or bandage directly over wound and press firmly to control blood flow. Hold in place with strong bandage, neckties, cloth strips etc., taking care not to make tie so tight as to prevent circulation to the rest of the limb. In case of injuries to the groin, armpit or neck, where ties cannot be used, control blood flow with finger or hand pressure. Raise the bleeding part higher than the rest of the body, unless bones are broken. If injury is extensive, treat for shock (see below).

BURNS AND SCALDS

Until you get medical help, immerse burned area immediately in cold water or apply clean, cold, moist towels. Chill water with ice, if possible, but never add salt. Maintain treatment as long as pain or burning exists. In case of chemical burns, flush skin with plenty of running water. Following water treatment, cover burned area with clean cloth to exclude air. Avoid breaking any blisters that may appear. If burns are extensive, keep patient quiet and treat for shock (see below). Get patient to doctor or hospital as soon as possible. If he is conscious and can swallow, give plenty of water or other non-alcoholic liquids to drink.

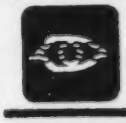
SHOCK

Shock usually accompanies severe injury or emotional upset. The signs are cold and clammy skin, pale face, chills, frequently nausea or vomiting, shallow breathing.

Until you get medical help, have patient lie down with legs elevated. Keep patient covered to prevent chilling or loss of body heat. Give non-alcoholic fluids if he is able to swallow unless abdominal injury is suspected.

BROKEN BONES

If a fracture of any part of the body, or any injury to the neck or back, is suspected, the patient should not be moved without medical supervision unless absolutely necessary.
If a patient with a back or neck injury must be moved, keep the back, head and neck in a straight line, preventing them from being twisted or bent during movement. Use a board to help keep back, neck and head rigid.
For other fractures, until you get medical help, place the injured part in as natural a position as possible without causing discomfort to the patient. Protect from further injury by applying splints long enough to extend well beyond the joints above and below the fracture. Any firm material can be used (board, pole, metal rod, or even a thick magazine or thick folded newspaper). Pad splints with clothing or other soft material to prevent skin injury. Fasten splints with bandage or cloth at the break and beyond joints above and below it. Use pressure bandage to control bleeding (see above).



EYE CONTAMINATION

Until you get medical help, hold eyelids open and wash eyes with gentle stream of running water.

ARTIFICIAL RESPIRATION (MOUTH TO-MOUTH BREATHING)

There is need for help in breathing when breathing movements stop or lips, tongue, and fingernails become blue. When in doubt, apply artificial respiration until you get medical help. No harm can result from its use and delay may cost the patient his life. Start immediately. Seconds count. Clear mouth and throat of any obstructions with your fingers.

FOR ADULTS:
Place patient on back with face up. Lift the neck, tilt head back. If air passage is still closed, pull chin up by placing fingers behind the angles of the lower jaw and pushing forward. Take deep breath, place your mouth over patient's nose o mouth, making leak-proof seal.
If breathing into mouth, pinch patient's nostrils closed, if breathing into nose, seal patient's mouth with your hand. Blow into patient's nose or mouth until you see his chest rise. Remove your mouth and let patient exhale. Repeat about 12 times a minute. If the patient's stomach rises markedly, exert moderate hand pressure on the stomach just below the rib cage to keep it from inflating.

FOR INFANTS AND SMALL CHILDREN:
Place your mouth over patient's mouth *and* nose. Babies require only small puffs of air from rescuer's cheeks. Repeat 20 to 30 times per minute. Don't exaggerate the tilted position of an infant's head.

Place First Aid Chart near telephone. Attach to kitchen cabinet, bulletin board or other handy surface.

Cardio Pulmonary Resuscitation

Cardiopulmonary resuscitation, CPR for short, is an emergency life-saving procedure that combines artificial respiration and artificial circulation.

It has been widely used for some time by doctors, nurses, and other health-care experts, and it is recommended that as many members of the public as possible be trained in CPR.

Adequate training in CPR is best left to experts and is not proper material for this PAL. However, all consumers could and should know about this basic life-saving procedure.

Why it's needed...

The number one killer in the U.S. today is heart attack. Victims of drowning, electrical shock, suffocation, auto accidents and drug overdose die from cardiac arrest, mostly when medical help is not available. Thousands of these victims could be saved each year if CPR is given in the first few minutes after the attack.

What it is...

CPR restores the heartbeat and breathing in victims by using a combination of mouth-to-mouth breathing and external heart massage.

Who teaches it...

Volunteer instructors trained in CPR by the Red Cross hold classes at Red Cross chapters throughout the country. Possibly in your community there are hospitals, rescue squads, or other charitable organizations that also give instruction in CPR.

Who needs it...

YOU need it! EVERYONE needs it! CPR is a skill that can save lives anywhere, anytime. The families of people with medical histories of heart trouble should especially be knowledgeable of CPR.

Where to find out more...

Red Cross chapters across the country can give you further information about enrolling in a CPR course or about CPR instructor training.[68]

ND 189 243

EMERGENCY: GETTING HELP *FAST*

COMPLETE THESE SENTENCES:

1. A method by which a rescuer continues the breathing and circulation for a victim is known as _____.

2. The Police Emergency number which is THE number to call during an emergency in many areas of the country is _____.

3. Many emergency room visits today are a result of patients' inability to _____.

4. Many emergency phone numbers can be found in the first few pages of nearly every _____.

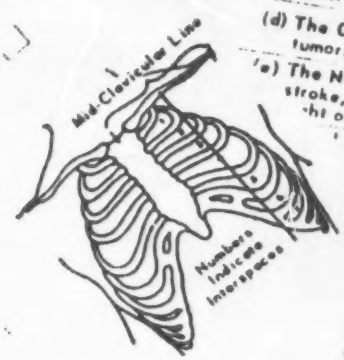
5. Artificial _____ and artificial _____ are the main features of CPR.

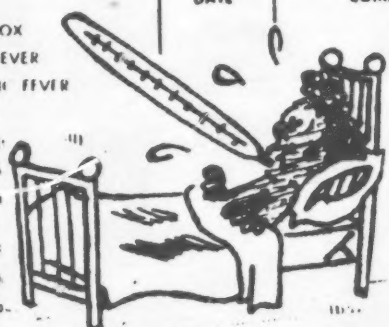
6. A _____ _____ _____ should be carried at all times, listing blood type, allergies, chronic illnesses, and medications.

7. If you are bitten by a snake, try to _____ it to help the doctor know what treatment to administer.

Courses in first aid, CPR, and the Heimlich maneuver may be offered by the American Red Cross, fire departments, and other agencies. Find out what training sessions are given in your community and investigate the possibility of your class taking the courses. (This PAL is not intended to give you complete instruction in first aid measures. It is only to highlight the areas in which you may want further training.)

U.S. MEDICAL CARE: HOW GOOD IS IT?





Father's ... Mother's Name

DISEASES, OPERATIONS, INJURIES

DATE | COMMENTS

CHICKENPOX
SCARLET FEVER
RHEUMATIC FEVER
DIABETES
ANEMIA
PARASITES
SEIZURES
INJURY, F
OPERATIO
OTHER (sp.

1. WEIGHT
Did you weigh ... lbs.

2. HEIGHT ... ft. ... in.

3. (a) Chest expanded ... in. (b) Chest contract

4. BLOOD PRESSURE
Repor diastolic at absence of all sound.
If 1st reading over 140/90 take two additior
Systolic

(v) Have you had any electrocardiograms, when,

(b) The RESPIRATORY SYSTEM such as – Asthma, chronic bronchitis, blood spitting, pleurisy, or

(c) The GASTROINTESTINAL SYSTEM such as colitis, bleeding, diverticulitis, gallstones, liver disease, tumor?

(d) The GENITOURINARY SYSTEM such as tumor, sugar, albumin, blood or pus in

(e) The NERVOUS SYSTEM, EYES, EAR stroke, seizures, nervous breakdown ... ht or hearing?

... ANDULAR SYSTEM, BLOO ... glands,

... SY ... the ... ulo

DATE
HEIGHT

OR NEEDS FOLLOW-UP

HAS GLASSES?

HAS HEARING

6. NEUROSIS, PSYCHOSIS

Were symptoms those of:

(a) Psychoneurosis

ANXIETY

HYSTERIA

(b) MENTAL DISEASE

Was it a mild attac

State cause of

DO YOU NOW HAVE OR HAVE YOU HAD WITHIN TH

Frequent or severe headaches
Fainting spells
Dizziness or change of position
Unconscious spells
Blurred vision
Double vision
Spots before eyes
Infected eyes
Pain behind eyes
Any change in vision
Do you wear gl
Wher

RHYTHM

Is there any evidence of past or present ... RT, BLOOD VESSELS, VARICO

... ness of breath, arteriosclerosis ... murmurs, arrhythmia, enlarge ... pensation, complete Heart Ch

Rate
Irregularities

... ULSE

... greatest 0
... Y
... smission
... not is your impression of the murmur?

... IC

FEEDING HISTO

Formula
Present Diet
Likes

Vitamins
Eating Habits
Likes
Hates

... UNIZATION AND SKIN T

DOSE

MUMPS

RUBELLA

DOSE

ILLNESSES

Pertussis
Measles
Rubella
Mumps
Chickenpox
Scarlet Fever
Diphtheria
Otorrhea
Tb. Exp.
Other

No Yes

Loss or change in sensation
Trembling of any extremity
Growth in neck or throat
Hot flashes
Dizziness without spinning se
Heaviness of head
Degree of loss
Ears: Impaired
Inability to stand heat
Inability to stand cold
Change in hair texture
Change in skin texture
Any skin rash

X RAYS Have you ever had a ray
Chest
Stomach or colon
Gall bladder
Extremities
Back
Teeth
Other

EKG Ever had an elect

215

191

passwords ...

U.S. MEDICAL CARE: HOW GOOD IS IT?

DEFENSIVE MEDICINE	*A very cautious method of treatment; often involving extra lab tests and consultations with other doctors*
LIFE EXPECTANCY	*The average number of years that a person is expected to live*
MALPRACTICE	*Injurious treatment or obvious neglect of a patient by a physician or surgeon*
MORTALITY	*Number of deaths in a sample group of the population*

Ready to Move On ?

Do You Know the Passwords ?

It is often said with some justification that American medicine is the best in the world. American medicine can be proud of what it has achieved in the prevention and treatment of disease. Preventive medicine and new techniques have added years to the average life expectancy and wiped out many diseases once considered killers. Yet, America falls behind many other countries in some health care achievements. These problems still exist:

1 The overwhelming majority of the country's 320,000 plus doctors are competent, conscientious, and fit to practice medicine. However, respected authorities, including Dr. Robert Egeberg, a former assistant to the Secretary of HEW, have estimated that as many as 16,000 doctors, about five percent of the profession, are not competent to practice medicine.[54]

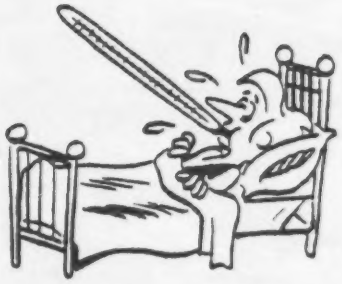
2 Although 16,000 doctors are estimated to be unfit, the 50 states together only take away an average of 130 licenses to practice medicine each year.[54] Worse yet, in some states, once a license to practice medicine is given to a doctor, he may practice medicine for the rest of his life. He may never have to prove that he has kep up with all the advances, or that he is physically and mentally fit. States are gradually passing laws requiring relicensing, with continuing education programs as requirements.[54]

3 Some health statistics for the U.S. are worse than those of other developed countries with lower average incomes. In 1972, compared to twenty-two nations, the U.S. ranked thirteenth on infant mortality. If you look at life expectancy at birth, the U.S. ranked eleventh for white males, and fifth for white females. The life expectancy rankings for non-whites were much worse. While there are problems in comparing international statistics (need to consider social conditions, nutrition, etc.), the U.S. clearly does not have the best set of health statistics.[21]

HOW DO YOU FEEL ABOUT THESE STATISTICS? ARE THEY VALID CRITICISMS OF AMERICA'S HEALTH CARE?

AFTER CONSIDERING ALL THE INFORMATION YOU HAVE ALREADY READ IN THIS PAL, WHAT DO YOU THINK ABOUT THE QUALITY OF MEDICAL CARE YOU HAVE RECEIVED?

MALPRACTICE



Malpractice means that the doctor has made a mistake resulting in harm to the patient. Just how often this happens may be another measure of the quality of our medical care.

Malpractice has been focused in the news lately. Malpractice suits are detailed. Amounts in the millions have been requested and sometimes awarded.[53]

Doctors pay high insurance rates to protect themselves from malpractice suits. This cost is passed on to the consumer. In some specialties and in some parts of the country, insurance premiums can be more than $30,000 a year. A typical premium for an obstetrician in 1975 was $7500.[53] Malpractice insurance costs for a central Florida G.P. jumped from $19 in 1950 to over $4000 in 1978.

In 1971, Selig Greenberg, in his book *The Quality of Mercy*, stated that an AMA survey estimated that one out of every six doctors had been sued for malpractice, with one out of twenty-five doctors being sued at least twice.[30]

Studies have shown that between 1 and 2.4 percent of all hospital patients suffer some injury as a result of negligence. This means that perhaps 193,000 hospital patients suffer malpractice injuries each year. Around 30,000 malpractice suits are actually filed.[55]

Here are some reasons for the sharp rise in malpractice cases:

The relationship between doctor and patient may not be as personal as in previous years. Patients no longer have just a family doctor, but are quite likely to be treated by a specialist for a particular illness -- a doctor who may be a stranger to them.

Rules governing malpractice trials have changed. Now patients can bring in doctors to testify against each other, experts from other states, or even textbooks to prove that a doctor didn't follow a standard medical practice.[43]

We, the consumers, are also at fault. Sometimes greed causes a patient to sue a doctor -- not because of any real or lasting damage, but because it may be a quick way to try to get a bundle of money!

Many doctors now practice *DEFENSIVE MEDICINE*. That is, they may not give what they think is the best treatment because of the possibility of a lawsuit.[53] For example, a doctor may not administer a spinal anesthesia even though it might be the best anesthesia for a particular patient. Doctors may also order complicated and expensive tests and consult with other doctors to confirm a diagnosis.

But the results of all this extra caution may or may not be better care. It will, though, certainly add to the cost of treatment. Doctors may be too cautious. They may avoid a procedure or drug carrying some risk, even though that may be the best procedure or drug.

DISTINGUISHING FACT AND OPINION

In a discussion we hear people make statements which they want us to accept as TRUE! They want us to believe something. To know if we should accept what they tell us, we first have to know if they are making a statement which is a fact or an opinion. Look at these two examples:

1. Nuclear energy is very dangerous as a way to get electric power.

2. Nuclear generating plants are being constructed, today, in every region of the United States.

The first statement offers us an interpretation of the facts. It is a statement of OPINION. The second statement offers us a factual assertion (whether it is true or false is another matter).

READ THE FOLLOWING STATEMENTS. WRITE F BEFORE THOSE WHICH ARE FACTUAL STATEMENTS (WHETHER TRUE OR FALSE). WRITE O BEFORE STATEMENTS OF OPINION.

_____1. "The majority of doctors in America are unfit to practice medicine."

_____2. "The United States has the highest life expectancy in the world."

_____3. "More people today seem to be suing doctors for malpractice than ever before."

_____4. "The high number of malpractice suits indicates that doctors are making more mistakes."

_____5. "Life expectancy is a good way to judge the quality of Health in America."

_____6. "One way to find a doctor is to use the phone book."

_____7. "Doctors have too much power over Americans' health care."

_____8. "The United States needs some kind of national health insurance."

_____9. "Given the cost of living and the income of most Americans, at least one-third of all adult Americans see the cost of medical care as HIGH."

U.S. MEDICAL CARE: HOW GOOD IS IT?

TRUE OR FALSE:

_____1. It is estimated that the majority of doctors are unfit to practice medicine.

_____2. It is fairly uncommon for a doctor to lose his license to practice medicine.

_____3. Infant mortality is one way to judge the condition of a country's health-care system.

_____4. One reason why consumers are winning more malpractice suits is that trial rules have been changed in the patient's favor.

_____5. Roughly one out of every six doctors has been sued for malpractice.

_____6. The practice of DEFENSIVE MEDICINE has caused an increase in the number of malpractice suits.

_____7. Life expectancy for people in the U.S. is higher than anywhere else in the world.

_____8. Patients today are probably closer personally to their doctors than ever before.

A. What is the difference between DEFENSIVE MEDICINE and PREVENTIVE MEDICINE?

B. Can you think of possible reasons the U.S. does not rank highest in life expectancy?

C. What factors could contribute to the U.S. infant mortality being higher than the rate in some other developed countries?

D. What do you think has been the most important cause for the rise in the number of malpractice suits?

PERSONAL COMMITMENT

I, _____, am concerned about medical care issues and problems. I have participated in the group's discussions of the problems and the goals which we feel should be pursued in order to ensure quality medical care.

My basic concern with my personal medical care for the future is:

_____

_____

_____

_____

The goals which I believe are important for me are: _____

_____

_____

_____

_____

At this time, I believe I can help these goals by taking the following actions in my personal lifestyle:

1. _____

2. _____

3. _____

Dated _____ Signed _____

SD 197

SELF - EVALUATION

1. As you reflect upon your experiences using this PAL, what were the most important things which YOU learned?

2. What are the most important things you learned about:

   a) Your responsibility as a health care consumer?

   b) The responsibility of government for our health care?

   c) The responsibility of health care professionals for the quality of health in America?

   d) The responsibility of each person for the quality of his/her own health?

3. What are important consumer education topics about which you want to know more?

Thanks for your honesty!

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